DOCUMENT RESUME

ED 400 061 PS 024 555

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TITLE Kinship Foster Care: An Overview of Research Findings and Policy-Related Issues.
PUB DATE 95
NOTE 86p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Children; Child Welfare; Extended Family; *Family Involvement; *Foster Care; Foster Children; Foster Family; *Kinship; Placement; *Public Policy
IDENTIFIERS Historical Background; *Kinship Foster Care; *Placement (Foster Care)

ABSTRACT

During the past few years, there has been a notable increase in the number of children in foster care, with foster care that is provided by relatives accounting for a substantial part of the increase. At the same time, there has been a shift in thinking in the field of child welfare, from viewing placement with a relative as a last resort to favoring placement with a relative. Despite the growth in relative-provided foster care, child welfare systems seem not to have addressed systematically such questions as whether kin caregivers should or should not be considered in the same category as unrelated foster caregivers. This paper summarizes research on kinship care and explores child welfare policy at is relates to this type of foster care. The paper begins with an overview of the topic, including a consideration of possible advantages and disadvantages of putting kinship caregivers into the same category as unrelated foster parents. Section two contains a brief history of foster care, including ethnic differences in that history. Section three focuses on several aspects of the present day foster care system that are pertinent to the topic of kinship foster care, including the overloaded child welfare system. Section four considers the ramifications of kinship foster care for children, while the ramifications of kinship foster care for the relatives involved are considered in section five. Section six illustrates the lack of consensus about who should be included in the term "kinship foster parents" and how those parents ought to be categorized. Finally, the paper offers recommendations for promoting the well-being of kinship foster parents and the children for whom they care. Three appendices include discussion of concepts, terms, and policies related to kinship care in the areas of licensure and monitoring, custody and legal rights, and funding sources for foster care. (WJC)

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Kinship Foster Care: An Overview of Research Findings and Policy-Related Issues

1995

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Introduction

During the past few years, there has been a notable increase in the number of children in foster care, with foster care that is provided by relatives accounting for a substantial part of the increase. Concomitantly, there has seemed to be a shift in thinking in the field of child welfare, from viewing placement with a relative as an alternative of last resort to favoring placement with a relative, in many agencies. It is unclear, however, whether sufficient thought has been given to questions of whether favoring placement with a relative is a good policy, and if so, for whom. Further, despite the growth in relative-provided foster care, child welfare systems have seemed not to address systematically such questions as whether kin caregivers should or should not be in the same category as unrelated caregivers. A comparison of states' policies shows considerable variation in such matters as licensing of kin caregivers, reimbursement, and whether relatives are counted as foster parents at all.

Despite variations, the overall pattern in recent years has been one of marked growth in kinship care arrangements that are part of the formal foster care system. This growth in formal kinship care has ramifications for children, for kin, and for the state. Because formal kinship care is such a recent phenomenon, though, most of the literature pertaining to kinship foster care focuses on one of the interested parties. The purpose of this paper is to try to provide an overview of kinship foster care, considering its ramifications for several of the parties involved: children, their biological parents, kinship caregivers, and the state.

The paper begins with an overview of the topic, including a consideration of possible advantages and disadvantages of putting kinship caregivers into the same category as unrelated foster parents. The section following the overview contains a brief history of foster care, including ethnic differences in that history. Section III focuses on several aspects of the present-day foster care system that are pertinent to the topic of kinship foster care. Section IV is a consideration of the ramifications of kinship foster care for children, with the ramifications of kinship foster care for relatives being considered in Section V. The sixth section contains a demonstration of the lack of consensus about who is included in the term "kinship foster parents" and how those parents ought to be categorized. Finally, recommendations are offered for "next steps" in promoting the well-being of kinship foster parents and the children for whom they care.

Section I
Overview of Kinship Foster Care

The concept of "kinship foster care" is of recent genesis, as evidenced by an implicit assumption in many studies of substitute care that foster parents are unrelated to the children they foster.[1] The concept is beginning to receive a great deal of attention, however, as the data that are available suggest a dramatic increase in recent years in foster care that is provided by relatives. A report from the United States Department of Health and Human Services Inspector General's office[2] notes that among states that are able to identify kinship foster care placements, the proportion of children in kinship care rose from 18% of foster care placements in fiscal year 1986 to 31% in fiscal year 1990, with urban areas in New York, Illinois, and California contributing a disproportionately large share of such cases. (If those three states are excluded from the statistics for 1986 to 1990, then the rise in the proportion of children in kinship care is from 12 percent to 18 percent).

In forming a picture of the growth in kinship foster care, it is important to note that there is a great deal of variability among states in how kinship caregivers are categorized or whether data about them are compiled. For example, a state may consider children in the care of a relative to be no different from children cared for by unrelated foster parents, or a state may consider kinship care to be a form of family preservation.[3] The DHHS Inspector General's office reports that only 25 states could provide even a basic census for the previous five years of children in kinship care.[4] Consequently, it is not possible to do more than estimate how many children are in kinship care or to get more than a general idea of the characteristics of kinship caregivers. Several studies that have focused on demographic characteristics of caregivers suggest the following general characteristics of kinship foster parents:[5]

- They are more likely than unrelated foster parents to be members of an ethnic minority group.
- They are likely to have lower incomes than do unrelated foster parents.
- They are likely to have less formal education than do unrelated foster parents.
- They are likely to be close relatives; studies are fairly consistent in showing that about half of kinship caregivers are grandmothers and approximately another third are aunts of the children in their care.

Until fairly recently, child welfare agencies tended to take a negative view of foster care placements with relatives.[6] The "why" of this negativity is difficult to discover, although one study cited caseworkers' concerns that the child would become caught in the middle of conflicting bids from custodial and noncustodial family members for the child's love and loyalty.[7]

In recent years, the policy pendulum has swung briskly. These days, it is not uncommon for an agency to search for a relative when children need to be placed in

foster care.[8] The most frequently cited factors for this change in attitude toward kinship caregivers are:

- The Indian Child Welfare Act of 1978 (P.L. 95-608), which called for protection of the ethnic heritage of Native American children who were in foster care, with extended-family placements being one means of protection.
- The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), which required that children removed from their home of origin be placed in "the least restrictive (most family-like) setting available," which has been widely interpreted as being the home of a relative.
- The court case Miller v. Youakim (440 US 125 (1979)), which led to a Supreme Court decision stating that the states of the union could not treat related and unrelated foster parents differently in granting federally-funded benefits.

The ruling in Miller v. Youakim did not extend federally-funded benefits to all kinship foster parents (see Appendix C for elucidation). Nevertheless, this ruling seemed to alter the way in which states viewed relatives who were providing foster care. In the past fifteen years, the use of relatives as foster parents has become increasingly common, accompanied by a shift in the philosophy of what is best for a child needing foster care so that relatives are now the preferred foster care providers in a majority of states.[9]

If relatives are often preferred as foster parents, it does not follow that they are treated in the same manner as "traditional" foster parents (i.e., people who provide a service to the state by caring for children who are placed with them and to whom they are not related). For example, standards for screening and monitoring of kinship foster parents can be quite different from standards applied to traditional foster care.[10] In the area of financial support, there is variability from one state to another in whether relatives are or are not put into the same category as other foster parents.[11] In many states, kinship foster parents are eligible for federally subsidized foster care maintenance payments. When this is not the case, relatives are usually eligible for AFDC, although it is noteworthy that in virtually all states, foster care maintenance payments are the more generous of the two.[12] In the state of Illinois, for example, a relative fostering three children and receiving AFDC would receive $414.00 per month. If he or she were receiving foster care maintenance payments, the monthly amount would be $942.00.[13]

Does this mean that it would be better policy to deny foster care maintenance payments to foster parents who are also family members, or would it be better to treat all foster parents equally, regardless of their relatedness or lack of relatedness to the child? There is no easy answer to this question. To illustrate that point, let us assume that we have decided to treat relatives as if they are foster parents like any other. What advantages might accrue?

One advantage to treating relatives no differently from other foster parents would be in the form of realistic levels of financial support. If kinship caregivers receive foster care maintenance payments rather than AFDC, there may be a greater

chance that their very real needs are being met. It may not be realistic to think that AFDC benefits approach being "enough." Supplementation of AFDC benefits with hidden income may be an almost universal fact,[14] but kinship caregivers, especially if they are elderly, may have a more difficult time than parents do in utilizing this means of coping. It should also be noted that a substantial number of children in kinship care come into the relative's home with a history of prenatal drug exposure or with other special problems and needs. Kinship foster parents receiving AFDC may be suffering authentic hardship.

A second advantage would be in keeping all possible foster care placement options open. Providing relatives with foster care maintenance payments would prevent situations in which relatives who are the best possible placement choice for a child might refuse to take the child because they genuinely cannot afford to. Third, treating kinship caregivers no differently than traditional foster parents would promote equity in the provision of services. The need is as great among kinship foster parents for service supports such as respite care as it is among unrelated foster parents, and yet there are disparities between the two groups in the receipt of such supports.[15] Mark Testa reports that his focus-group discussions with kinship foster parents revealed that when they applied for formal foster parent status, it tended to be services rather than money that motivated them.[16]

Fourth, if kinship caregivers were in the same category as traditional foster parents, an adequate level of screening would be ensured. There are indications that, presently, some agencies do minimal screening of potential kin caregivers.[17] Not all abusive or neglectful parents were themselves abused or neglected, but a substantial portion were, making the idea of placing a child with his or her grandparents, for example, quite worrisome if little screening is involved. An advantage offered by unrelated foster parents is that their motivations for fostering and their ability to engage in constructive parental behaviors have been carefully assessed. That these same assessments would be made of kinship caregivers would be an advantage to treating them in the same manner as traditional foster parents.

Then again, a decision to treat kinship foster care providers as being foster parents like any other could be disadvantageous in several ways, beginning with the message inherent in a shifting of responsibility from familial to societal shoulders. If kinship foster parents are provided with foster care maintenance payments, which are <u>not</u> need-based and which are significantly larger than AFDC payments, is the state saying that when a child needs care away from his or her home of origin, families, in this instance, can count on the state for assistance? A second disadvantage might be in the message imparted to the family of origin. Providing foster care maintenance payments to relatives sends an unspoken message to biological parents, if they receive AFDC. They will see the relative who assumes the care of their child receive more money than they did. They may also see the relative receive services that they did not qualify for, services that might have ameliorated their problems enough to have kept the family of origin together.

A third disadvantage is that by putting relatives into the same reimbursement category as traditional foster parents, the state may create incentives for people to

apply for foster care maintenance payments, even though the child's situation may change very little. The concern is that given the discrepancy between foster care maintenance payments and AFDC, people will have an incentive to try to shift from one category to another. For example, in an extended family spanning more than one household, whose members were receiving AFDC, a relative could raise the family's income by reporting a biological parent for neglect and then becoming the child's foster parent.

In a similar vein, the state may create incentives for relatives receiving AFDC, who would not be particularly good parents and who otherwise would not have wanted to be involved in the child's care, to foster a child in order to increase their income. There is a notable amount of variation among states in the amount of disparity between AFDC and foster care maintenance payments.[18] In some states, little potential incentive may exist.[19] In other states, worries about incentives might be justified: In Indiana in January of 1993, the maximum AFDC cash payment for a two-person family was $229. The 1992 foster care maintenance payment for a two-year-old was $405. Indiana foster care maintenance payments increase with the age of the child. For example, the rate for a 16-year-old in 1992 was $518.[20]

Fifth, viewing kinship caregivers as being no different from traditional foster parents might create a disincentive to the reunification of the biological parents and the foster child. Mark Testa points out that some biological parents see kinship foster care as a normal extension of family and do not feel any urgency about complying with child welfare service directives intended to bring about reunification.[21] This problem may be compounded when the home of the fostering relative faces a significant drop in income if foster care maintenance payments are ended. A possible disincentive to reunification is cause for concern in light of statistics indicating that children in the care of relatives have longer stays in foster care.[22]

A sixth disadvantage comes in the form of an onerous burden for the state. When kinship foster parents are provided with foster care maintenance payments, is the state doing something it simply cannot afford? Federal expenditures for foster care under Title IV-E grew from $308 million in 1981 to $2.55 billion in 1993.[23] The children who have accounted for a great deal of the growth in new entries into foster care have the characteristics that are correlated with longer duration in foster care: being an infant, being African-American, living in an urban area, and being in the care of a relative. If we not only have more children in foster care, but they are staying longer, the "bill" for foster care is likely to continue to grow by bounds.

A weighing of advantages and disadvantages makes clear the absence of an easy answer to the question of whether it would be better to treat kinship caregivers in the same manner as traditional foster parents or whether foster care provided by relatives should be seen as a discrete category. The elusiveness of an easy answer is further underscored when we look at the rule governing "nonremoval" cases. Among the requirements for Title IV-E eligibility, an implicit criterion is that the child has been removed from his or her home and placed in a substitute care setting. In 1987, in an attempt to draw more clearly the boundary between formal and informal kinship foster care, The United States Department of Health and Human Services issued an

interpretation in which it stated that if parents leave a child in the care of relatives for an indefinite period of time, the child's "home and customary family setting" shift, in the parents' absence, to the home of the other relatives. If the court then transfers legal custody of the child from the parents to a child welfare agency, the transfer of custody does not constitute removal from the home, as the child's home has already become established with his or her relatives. The only situation that has changed is the child's legal relationship to his or her parents.[24]

As explained earlier in this section, the discrepancy between AFDC and foster care maintenance rates can conceivably create an incentive for a relative to seek foster parent status in order to gain more income, even though the child's situation is changed very little. If nonremoval cases were eligible for Title IV-E funds, then a relative in a multigenerational household might gain foster parent status even though the child's situation was changed not at all. It is not necessarily unusual for a relative to become a formally designated foster parent to a child whose parent is part of the relative's household. An analysis of initial foster care placements made in Chicago between 1987 and 1991 revealed that among placements into care with a relative, there was "zero geographical distance" between the parent's address and the relative's address in 16 percent of cases.[25]

The fact that these were "nonremoval cases" and therefore not eligible for Title IV-E funds suggests that there are sometimes reasons, related to the well-being of the child rather than to finances, for transferring legal custody to a relative within the same household. Then there are the cases in which a relative may feel that there is no choice but to move a child into his or her home before legal custody is transferred because of grave concerns about conditions in the home of origin. Such cases point up the drawback to the nonremoval rule, which is the inequity it creates. If a relative takes a child into his or her home before a petition asking the court to assume jurisdiction over the child is filed, the relative is not eligible to receive Title IV-E funds, even if all other eligibility criteria, including licensure as a foster parent, are met. Two kinship caregivers, one of whom was eligible for Title IV-E funds and one of whom was not, might be in virtually identical circumstances except for the matter of where the fostered child was living when formal placement was made. As will be seen in Section V, a kinship caregiver is not uncommonly a grandparent who is in poor health and who may be feeling stress from multiple sources. The nonremoval rule may prevent one form of manipulation of the system for financial gain, but it undoubtedly can also mean real hardship for the kinship caregivers (41% in one study)[26] made ineligible by it for Title IV-E funds.

In short, the dual role of family member and foster parent in the formal foster care system has created problematic areas that did not exist when all foster parents were "traditional" ones. Clearly, there are issues that need to be considered in regard to ramifications of kinship foster care for children, for their relatives, and for the state. Before considering these topics, it might be helpful to embed the very recent phenomenon of kinship foster care in the history of formal foster care for children, which is itself a relatively young institution. Providing an historical framework is

especially important when the topic is kinship foster care, for there are ethnic differences in the history of foster care, and when we talk about kinship caregivers, we are talking, in large measure, about members of ethnic minority groups. Therefore, in the next section, groundwork will be laid for the rest of the discussion of formal kinship foster care.

Section II
A History of Foster Care

Antecedents to the Formal Foster Care System

Community psychologist Julian Rappaport has noted a paradox in social policy, wherein solutions to social problems tend over time to begin to be perceived as problems themselves.[1] This has seemed to be true of foster care for children, which arose in the nineteenth century as a solution to two problems. One problem was the antisocial behavior of urban vagrant children. When they were placed in foster homes in rural areas in order to thwart their behavior, the goal was protection of the community rather than protection of the child.[2]

A second problem that contributed to a perceived need for foster care was the fate of children whose parents were destitute. Such children might be in any one of several situations, all of them potentially appalling. For example, in colonial New England, a routine piece of business at the yearly town meeting was the "setting up and striking off" of the town poor, in which the provision of room and board for them was auctioned. Inherent in the system was an incentive for the lowest bidder to house and feed his charges in the most minimal manner possible while squeezing a maximal amount of labor out of them, leading one historian to comment that the practice had overtones of slavery.[3]

Then again, a child in a family that had been "set up and struck off," or a child living with his or her family in an almshouse, was often in no worse condition than children whose families were not destitute. Not uncommonly, children worked alongside their parents in mines or sweatshops. Child labor was as unquestioned as it was common in this country, until the middle of the nineteenth century, when a cultural redefinition of the value of children began to take place. Children's worth began to be seen as lying less in their economic value than in their sentimental value.[4]

Foster Care in the Past One Hundred Years

It is undoubtedly more than a coincidence of timing, then, that beginning in 1886, the Boston Children's Aid Society pioneered a new approach to foster care, in which the emphasis was on the needs of the child rather than the protection of the community. By the end of the nineteenth century, the practice waned of housing children in mixed almshouses where all manner of dependent populations were housed together. Placement with a foster care family became the preferred alternative.[5] During the first decades of the twentieth century, however, foster care was more commonly provided in institutions than in family settings, although Trudy Festinger notes that "debates raged" during the 1920s and 1930s over whether institutional foster care or foster home care was better.[6] "Better," in this instance, refers to which option was better for the child. Advocates of both alternatives saw foster care as a

solution to the problem of children whose healthy development was jeopardized by the lack of a well-functioning family.

Then beginning with the publication of Maas and Engler's Children in Need of Parents in 1959,[7] foster care began to be seen as a problem. The number of children in substitute care had begun to rise about this time after having declined from the late 1930s onward, a decline attributed to programs such as AFDC, which had reduced the number of children needing foster care solely for reasons of poverty.[8] Around 1960, a series of studies, including Maas and Engler's, suggested that many children were placed in foster care unnecessarily, only to hang in a prolonged limbo, often being shifted from one foster home to another and being neither reunified with their families nor released for adoption. These studies are commonly credited with being the impetus to The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). Embodied in the law was a set of requirements intended to reform the foster care system. The law made it clear that when a child was removed from his or her home of origin, foster care was to be viewed as a temporary situation, with a permanent solution to be sought in timely fashion. Foster care, which had been established as a humane way to care for children in difficult circumstances, had become the least preferred situation for a child.[9]

Ethnic Differences in the History of Foster Care and in Views of Family

It is important to realize that the evolution of foster care from innovative solution to deprecated institution may be primarily a European-American phenomenon. Child fosterage in the form of informal placement of children in homes apart from their biological parents is a longstanding, deeply rooted tradition in many African-American communities. Kinship foster care, rather than being a new phenomenon, has always been a fixture in those communities and has been provided for a variety of reasons. Not uncommonly, African-American children have been "fostered out" as a means of providing them with advantages not available in their homes of origin.[10] It follows that there are likely to be differences between ethnic groups in the acceptability of foster care as well as in its structure. An African-American woman commented that adults in the African-American community have always been responsible for their children, regardless of biological relatedness. "What is new to us," she added, "is having to go into the system to take our children out of the system."[11]

There are also differences between ethnic groups in ideas related to "family," although a caveat is in order. It has been pointed out by family scholars that we cannot discuss The Family as if all families spring from the same mold.[12] This is as true of ethnic minority groups as it is of the dominant culture; Linda Burton has commented that among African-American families, there is more heterogeneity among structures and practices than is reflected by the social science literature.[13]

Nevertheless, ideas about families are shaped by a heritage of widely shared

assumptions about what a family's structure, composition, and functions ought to be. That heritage, in some ethnic minority communities, is markedly different from the heritage of the dominant culture. For example, although marriage is commonly seen as the event that creates a new family, African-American communities have reflected the African tradition in which it is the birth of a child that creates a family. Extended families have tended to be more common in African-American communities, with extension occurring not only by adding elderly relatives, but by taking in children of relatives. Whereas we tend to think of an extended family as one which lives under one roof, extended families in African-American communities frequently embrace several households.[14] Further, the members of those families are likely to have significant parenting involvement.[15] Psychologist Melvin Wilson terms the African-American extended-family structure "unique" for its persistence in the Black community, from the days of slavery until now, despite a shift over time to the nuclear family as the dominant cultural norm.[16]

Wilson also says that Black family life is characterized by fluidity, with frequent changes in living arrangements and family composition the norm,[17] (a situation that is not uncommonly found in American Indian communities, as well[18]). African-American families have tended to be not only fluid, but flexible, according to sociologist Andrew Miller.[19] Miller comments that while European-American families seem to assign roles strictly on the basis of biological relationships, African-American families often seem to seek to fill family roles with the people available. Childless adults serving as foster parents, something virtually unheard of in mainstream America until recently, has long been common in African-American communities.[20] Also common in African-American families has been the inclusion of "fictive kin," a concept that contrasts with the dominant society's emphasis on genetics as the determinant of family ties.[21] In Black families, fictive kin can be as important as those who are related by blood.[22] In a similar vein, the role of "padrino" or godparent in the Hispanic family culture is assigned an importance and degree of responsibility that might seem daunting to a godparent from the White middle class.[23]

The differences across ethnic groups in practices and points of view are important in a discussion of kinship foster care, for children in kinship care are disproportionately members of ethnic minority groups. As recently as fifteen years ago, when foster parents were assumed to be unrelated to the children they fostered, foster parents were predominantly European-American and middle class. With foster parents of other ethnic backgrounds now constituting a substantial portion of the population of all foster parents (49 percent in a recent study),[24] foster care policies that have been written within a European-American cultural framework may need to be re-examined for their workability when applied to diverse groups.

Recent Trends in Numbers of Children in Foster Care

Since the early 1980s, there has been a substantial increase in the proportion of children who are in substitute care. A report of the House Select Committee on

Children, Youth, and Families noted a 23 percent rise nationwide between 1985 and 1988 in the number of children in foster care, with some areas experiencing even greater growth. For example, in New York State between 1987 and 1989, the foster care caseload doubled.[25]

Various explanations have been put forth for the growth in foster care caseloads in recent years. Between 1976 and 1987, suspected child abuse and neglect was reported in markedly greater numbers, although it is unknown, and has been energetically debated, whether the increased number of reports reflects a greater incidence of abuse and neglect.[26] In any event, a caseworker who investigates an allegation of abuse and neglect and decides not to remove the child from his or her home faces risks, both to the child and to the caseworker, should he or she make an error in judgment. It might therefore be assumed that the increase in the number of allegations of child abuse has contributed to the increase in foster care placements, regardless of the underlying incidence of abuse and neglect.[27]

One reason why there might conceivably be an increase in the incidence of abuse and neglect is child poverty, accompanied, of course, by parental poverty, which increased and also became more heavily concentrated in central cities in the 1980s.[28] The conditions of poverty, whose stressfulness is compounded by their chronicity and by their being beyond personal control, strain parental capacities. Vonnie McLoyd offers evidence that punitiveness among impoverished mothers is likely to stem from psychological overload rather than from ignorance of more constructive parental behaviors.[29] A longitudinal study demonstrating a stable relationship between impoverished women's psychological symptoms and the degree of infestation of their home by rats reminds us that deficits in emotional functioning, which are easily assumed to be a cause of poverty, may instead be a result.[30] It might be expected, then, that increases in numbers of people living in poverty will be paralleled by increases in the number of children placed in foster care.

Other commonly cited reasons for recent increases in foster care placement are concomitant increases in births to teenaged mothers and in drug abuse among childbearing women.[31] Although it might be assumed that crack cocaine has played a prominent role, it is worthy of note that in the late 1980s, an official with the Office of Intelligence of the Drug Enforcement Administration termed crack cocaine trafficking and abuse "serious problems" in New York City, but said of Chicago, "no serious crack problem appears to exist in this city."[32] The fact that New York and Illinois both experienced fairly dramatic increases in infant placements in 1987 and 1988[33] raises a question about whether child abuse and neglect as sequelae of crack cocaine abuse provide much of the explanation for increases in foster care caseloads.

There are also possible reasons for increasing numbers of foster care placements that are independent of the incidence of abuse and neglect. One example is Leroy Pelton's assertion that inadequate housing or homelessness is frequently the precipitating reason for foster care placement.[34] Sandra Chipungu, citing a study of 1,003 African-American children in foster care, echoes this point.[35] Another example is Peter Forsythe's indictment of financial incentives, in the form of federal funds for foster care, that may induce state or city officials to favor foster care over preventive

services.[36] Given the prevailing philosophy in child welfare work that the maintenance of children in their own homes has overriding importance,[37] however, one might question the extent to which financial incentives at the administrative level translate into placement decisions at the caseworker level.

Growth over time in foster care caseloads is not solely caused by increases in placement, though. Caseload size reflects a dynamic balance between admissions and discharges. In an analysis of reasons for the upturn in foster care placements in Illinois and New York in the late 1980s, Fred Wulczyn and Robert Goerge conclude that increases in the admission rate were exacerbated by decreases in the rate of discharges.[38] Another factor cited in explanations of increasing caseloads is an increase in the number of children being cared for by relatives. Mark Testa notes that in Illinois, virtually the entire increase in foster care placements from the late 1970s to the early 1990s has been due to African-American children going into kinship foster care.[39] Part of the increase, Testa adds, stemmed from the Department's taking custody of children whose absent parents had left them in kinship care, so that informal arrangements moved "onto the books."

This is not to say, however, that recent increases in kinship foster care came solely from status changes of informal arrangements to formal ones. Wulczyn and Goerge found that policy changes encouraging the formalization of kinship care were implemented in New York and Illinois a decade apart in time, and yet, patterns of growth in kinship care in the two states are remarkably similar. The authors comment that when data from the two are juxtaposed, they suggest that admissions to foster care came from increased placement rates, with relatives absorbing the increased demand for homes.[40]

In sum, several aspects of the recent history of foster care are noteworthy. The Adoption Assistance and Child Welfare Act was passed in 1980 with the hope that it would reform the foster care system. Since then, an increase in rates of foster care placement has been exacerbated by a decreasing rate of discharges, resulting in tremendous growth in foster care caseloads. Foster care provided by relatives, which is quite a recent phenomenon, accounts for a good deal of the growth in foster care. These topics are examined in more detail in the following section, which addresses the current state of foster care and the system of which it is a part. The focus in the next section is on shortages of foster family homes, agencies' recruitment of relatives, duration in foster care, overload in the child welfare system, and the legacy of P.L. 96-272.

Section III
Where Are We Today?

A Shortage in Foster Family Homes and the Recruitment of Relatives

It has already been noted that the court case Miller v. Youakim in 1979 was an impetus to the development of more positive attitudes toward kinship caregivers, as was The Adoption Assistance and Child Welfare Act of 1980. Another apparent impetus has been the fact that at the same time that placement rates appear to have increased, a shortage of foster family homes has developed. Broad changes in society, including increasing numbers of women seeking vocational satisfaction outside the home and decreasing numbers of husband/wife families, undoubtedly play a causative role.[1] Economics may also play a role. Foster care maintenance payments are given to foster parents not as payment for a service, but as financial support for the foster child, so that payments are not intended to do more than meet the child's needs. At that, maintenance payments often fail to cover the full cost of caring for a child.[2] As progressively more two-parent families have become dependent upon having two incomes, it is undoubtedly the case that progressively fewer women can afford to devote the time and energy necessary for maintaining a traditional foster-family home. It is also possible that attempts to recruit such foster families have flagged somewhat as changes in the philosophy of foster care placement have increasingly made a relative's home the placement of choice.

Whatever the causative factors, shortages in homes, combined with changes in policies and philosophies governing the use of relatives as foster parents, have motivated child welfare agencies to make active attempts to find a willing relative when a child needs to be placed in foster care.[3] Agencies have also been motivated to recruit relatives to be caregivers by the severity of problems, such as drug addiction and medical fragility, presented in recent years by many children needing foster care.[4] Evidence of this is seen in the results of one study, which indicated that relatives were viewed as foster care resources significantly more often in cases of parental drug abuse than in non-drug abuse cases.[5]

Greater Duration of Stay in Foster Care for Children in the Care of Relatives

It might be wondered whether the matter of severity of problems accounts for the commonly noted fact that children in the care of kin are discharged from foster care more slowly than are children cared for by unrelated foster parents.[6] Is it that children being cared for by relatives, as a group, present greater barriers to reunification than do children in nonrelative care because of greater medical and/or behavioral problems? Data comparing children in kinship foster care with those in

nonrelative foster care do not support this idea; the health of the children in the two groups followed very similar patterns. (Most of the caregivers reported that their foster children were in good or excellent health, although about two-fifths of the children in each group had been prenatally exposed to drugs.)[7] Whether there are differences between the biological parents of children in kinship foster care and the parents of children living with unrelated foster parents is a question that has not been explored.

Before continuing with a discussion of the length of time spent in foster care, it should be noted that care in the home of relatives does not wholly explain longer durations. An analysis conducted at Chapin Hall of pooled data from California, Illinois and New York indicates that age, geographic region, and ethnicity all contribute independently to the explanation of slow rates of discharge from foster care.[8] (Specifically: infants, those in urban areas, and African-American children tend to stay longer in foster care.) Nevertheless, being cared for by a relative does have an effect on foster care duration. When other factors are held constant, being in the care of a relative is associated with a 30 percent longer stay in foster care.[9]

The factors determining a child's duration in foster care are not entirely clear. The relationships of age, geographic region and ethnicity to foster care duration are what Urie Bronfenbrenner has termed "social address" relationships.[10] We know that children "residing" at the social addresses of infancy, urban environment, and African-American ethnicity tend to have longer stays in foster care, but social addresses do not tell us anything about possible mechanisms underlying the relationships. One might guess that variables of age, geographic region, and ethnicity are marker variables indicating something about the severity of the problems of children in foster care or of their parents, but this is only speculation.

In thinking about lengthy durations in foster care, there is a second question to be considered. The first is the one just discussed of whether conditions in the home of origin or problems of the child's are dictating the need for a long stay in substitute care of some sort, which need not necessarily be foster care. The other question is whether a child in foster care is not being moved into a more permanent arrangement as quickly as might be possible. In regard to the second question, factors that might account for slower rates of discharge from foster care in the home of a relative have been speculated about. One factor may be a lack, in many states, of "negotiable pathways out of kinship foster care," as Mark Testa terms it. Where reunification is not a realistic goal, relatives may be resistant to the idea of adopting a child who is already "family."[11] Relatives may also be reluctant to assume guardianship because in all but six states, transfer of custody from the child welfare system to a guardian means the cessation of foster-care benefits.[12] Given that many kinship care providers have limited economic resources and that many of the children they care for have special needs, it is not surprising that the loss of benefits may work as a disincentive to moving children off the foster-care rolls.

Stays in kinship foster care may also be prolonged because in a foster care system constructed with the assumption that foster parents are not related to the child, the role of a related foster parent and the desirable goals for children in that parent's

care are ill defined.[13] Caseworkers who are unsure of how relatives fit into the system may not actively pursue a permanent placement. Caseworkers may also fail to initiate permanency planning because of the very stability that characterizes placement with a relative. One administrator is quoting as saying that "these are usually the quiet placements" and that it can be difficult to induce agency staff members to do the boat-rocking necessary for reunification.[14] It is also possible that official viewpoints reinforce caseworkers' inclinations not to disturb kinship foster care placements; as will be seen in Section VI, five states of the union either allow less-frequent monitoring of kinship placements than of traditional foster care placements or exclude kinship placements from the requirement that foster-care staff make regular visits to children in foster care.[15] Moreover, in states in which official policy allows children to be visited less frequently if they are in kinship care, monitoring may still be at a lower level than is required. For example, a review of the kinship foster care system in Maryland, where children in "extended family placement" are to be visited every 60 days,[16] found that fully one-third of the sample of kinship foster parents had had no contact with their caseworker in the previous year.[17]

The Overloaded Child Welfare System

To the extent that caseworker complacency contributes to longer stays in kinship care, complacency may be encouraged by the current state of the child welfare system, which is overloaded to the extreme. There may be a circular interrelationship, in that if overload encourages complacency, which in turn contributes to decreasing rates of discharge, then decreasing rates of discharge have undoubtedly contributed to the overload by swelling the size of the active caseload in many states.[18] Also contributing to the overload has been the boom in recent years of reports of child abuse and neglect. As mentioned previously, it is unclear whether the incidence of abuse and neglect has increased, but there is no doubt that reports, and the need to investigate them, have.[19]

In addition, at the heart of the reforms embodied in P.L. 96-272 was a requirement for a series of Federal compliance reviews that were intended to make child welfare systems more accountable and to stop the "foster care drift" of some children. An unintended consequence of the review requirements has been an enormous increase in paperwork which has greatly increased the demands on child welfare agency staffs.[20] At the same time, promised support from the federal government has often not been forthcoming. For example, essential regulations to implement the section of P.L. 96-272 mandating case reviews and permanency planning were never issued, leaving states with temporary substitutes that made it difficult to gain the fiscal rewards that had been promised for compliance. State claims that were submitted were often paid slowly, with many jurisdictions still having large unpaid claims. Sheila Kamerman and Alfred Kahn say that an even more important aspect of the inadequate federal presence, which they term "a serious problem," has been the lack of steady growth (on which the reforms of 1980 were premised) in Titles

IV-B and XX funds.[21] As noted in Appendix C, Title XX funding, in real dollars, has declined by 57 percent since 1977.[22]

The Legacy of P.L. 96-272

An indirect effect of P.L. 96-272, then, has been a contribution to a system overload so great that some agencies with impossible loads of abuse/neglect investigations have responded by making the criteria for accepting cases more rigorous.[23] Another unintended and undesirable effect of P.L. 96-272, Kamerman and Kahn note, has been the denigration of foster care of all kinds. This has been a side effect of the emphasis in P.L. 96-272 on permanency planning, or the making of arrangements for a child that are as close as possible to the ideal of spending all of childhood in a stable situation with one set of psychological parents. Although P.L. 96-272 mandates reasonable efforts to make it possible for a child in foster care to return home, the provisions of P.L. 96-272 do not indicate that one form of permanency is inherently preferable to another. Nevertheless, it has seemed over time that a rank-ordering of forms of permanency has been read into the law, with reunification of the child and his or her biological parents being assumed to be the most desirable.[24] Further, societal norms hold that the natural family is the best place for a child, as reflected in the canon of law in this country, which tends to favor the rights of biological parents. It might also be argued that reunification is best for the child welfare system, given that foster care is expensive and adoptive families difficult to find. If reunification is not possible, then termination of parental rights followed by adoption is often assumed to be the second most preferable alternative, with guardianship viewed as the third. In this scheme, long-term foster care is the least desirable arrangement for a child.[25]

This schematic of more preferable and less preferable forms of permanency appears to have been constructed with the nuclear family in mind, though, with no role allotted for members of the extended family. Comments made previously about a lack of negotiable pathways out of kinship foster care indicate that the framework may not work particularly well in a system in which related foster parents play a significant role. Just what is the related foster parent's role? Is a relative who fosters a child simply a family member? Or a foster parent like any other? Or a hybrid who fulfills both family-member and foster-parent roles? And is that relative a "better" foster parent for the child than a traditional foster parent would be? How would we answer that question from the child's point of view? This last question is the topic of the section that follows.

Section IV
Ramifications of Kinship Foster Care for Children

How Children Fare in Kinship Care: Available Data and Some Cautionary Words About Them

Limited empirical information is available in which the emotional well-being of children in kinship foster care is compared with that of children being cared for by unrelated foster parents. Unfortunately, the comparisons do not allow us to conclude that one group of foster parents is "as good as" or "better" than the other, for there may well be significant differences at the time of entry into foster care between children placed with kin and children placed with nonrelatives. Studies comparing the two types of foster children reveal more similarities than differences,[1] but there are too few data on children in kinship care to enable confident conclusions about degrees of similarity. Especially lacking is information about reasons for entry into foster care and the socioemotional functioning of both groups of children at the time they were placed.

We also need to remember that most of the kinship caregivers involved in the aforementioned studies had undoubtedly actively sought physical custody of the children they fostered. Not only is the tendency of child welfare agencies to prefer relatives for foster care placements quite recent, but it has supplanted a philosophy that placement with relatives is best avoided. Consequently, until recently, most relatives undoubtedly had to make active attempts to became foster parents, whether by asking for physical custody or by battling for it. This is important for two reasons, one having to do with characteristics of children and the other having to do with characteristics of foster parents. First, children with good socioemotional functioning may be more appealing to adults than children who are not doing as well and may therefore be more likely to motivate their relatives to "take them in" in times of crisis. If there is a correlation between a child's having few emotional or behavioral problems and being in the care of a relative, there may be a third variable, such as the child's innate temperament, that explains both the child's well-being and the fact that he or she is in a relative's care.

Second, people who actively seek a certain status, sometimes despite official indifference or outright opposition to their wishes, may be substantially different as a group from people who assume the status after official urging. An illustration of this point can be found in the area of joint physical custody of children following parental divorce. Early studies showing positive outcomes for children whose parents had arranged joint physical custody, often despite the reluctance of judges to approve that custody arrangement,[2] were one spur to legislation in some states mandating joint physical custody as the preferred resolution for custody disputes.[3] Recent studies indicate that the hoped-for benefits of such legislation to children's well-being have not been realized. To the contrary, children in court-mandated joint physical custody seem

to do more poorly than children in sole physical custody.[4] This might serve as a cautionary tale for anyone interpreting the correlations reported at the end of this section. One study reporting a correlation between kinship care and a low rate of behavior problems was based on a sample of kin caregivers who had gained custody despite the prevailing philosophy of the child welfare system with which they dealt, which disapproved in general terms of placement with relatives.[5]

The research literature provides a second illustration of the point that people who actively seek a certain status may be substantially different as a group from people who are urged into assuming the status. A study comparing day care provided by relatives with day care provided in the home of an unrelated provider yielded the counterintuitive finding that the relatives were less likely to be sensitive and responsive to the needs of the children.[6] In attempting to explain that result, the authors of the study note that the majority of relatives had become day-care providers for "adult-focused reasons," such as helping out a family member, and many reported having felt pressured to help. In addition, the relatives in the study were leading more stressful lives than the unrelated day care providers, with almost two-thirds living in poverty. The parallels to the area of kinship foster care are clear, especially in light of evidence that child welfare agencies in recent years, for several reasons, may actively recruit relatives to provide foster care.[7]

It is important to bear all of these cautions in mind when reviewing the few studies available in which children in kinship foster care are compared with children in traditional foster care. In an extensive study of various aspects of the well-being of a group of 500 children in kinship care, Howard Dubowitz and colleagues compared their findings with those of studies of children cared for by unrelated foster parents. While warning that comparisons between different studies need to be viewed with caution, the authors concluded that their sample of children in kinship care was faring no worse than children in care with unrelated foster parents.[8] Nevertheless, the children in kinship care had a formidable array of problems, as did children in three studies in which children in two forms of foster care (with relatives and with unrelated foster parents) were compared. Findings in these three studies revealed that despite a certain number of problems, children in kinship foster care were less likely than children with unrelated foster parents to have behavior disturbances[9] or a serious mental health problem.[10] Whether the children with the better picture of emotional health were benefitting from being cared for by relatives or whether, as a group, they had had fewer problems at entry than did children in traditional foster care arrangements is unknown. The only conclusion we can draw from available data about children in kinship foster care is that, as Howard Dubowitz and colleagues say, those children are doing no worse than children in traditional foster care, and it is a tentative conclusion at best.

Surely, the question of interest to us is: Do children fare better in the care of relatives than in the care of nonrelative foster parents? Not only is that question unanswered, it is likely to remain so. A sample of children in kinship care today would perhaps be less biased in favor of the well-functioning than was a sample from twenty years ago, now that it is no longer necessary for relatives to make active attempts to

gain custody of a child. Indeed, in more than half the states of the union, placement with a relative has become the preferred foster care option.[11] All the same, in the group of children being fostered by relatives, there is almost certainly an underrepresentation of the most problematic children. Even if relatives are urged by a child welfare system to foster a child, there will be certain kinds of children whom relatives simply will not "take in." This enduring difference between children in two kinds of foster care means that we need to interpret the available information about children in kinship foster care with the greatest degree of caution. We should also remember that the information that is available to us reflects group characteristics, not individual ones, and there is likely to be a significant amount of variability within a given group.

Why Placement with a Relative Might Be Desirable: Reasons Related to the Child's Development

Clearly, it is not possible to infer cause-and-effect relationships from available data on children in the care of kin. Nevertheless, drawing on theory and data from the social science literature, one could build an argument that, all else being equal, there might be advantages for a foster child to being cared for by a relative.

One advantage to being placed with a relative, particularly for very young children, would accrue if the child had a pre-existing attachment to that relative. Although an infant is thought to form a primary attachment with the person who provides most of the infant's care, a baby can and will form attachments to other people who frequent his or her environment.[12] Attachment theorist John Bowlby asserts that attachment and the sense of security it affords are crucial prerequisites for healthy emotional development.[13] Following Bowlby's view, we might assume that if placement in foster care means separation from a child's primary attachment figure, then placement with someone to whom the child had a secondary attachment would be clearly preferable to placement with a stranger, particularly for infants and toddlers.

"Attachment" in the sense that Bowlby uses it matters most for very young children, but any child needs the sense of security afforded by continuity in relationships and surroundings.[14] A child might gain in feelings of security from a relative's commitment to the child over the long term, or at the very least, from the child's perception that such a commitment was in place and that the relative was a stable fixture in his or her life. A second consideration is that once a child has been removed from the familiar surroundings of his or her home of origin, intuition as well as theory about the need for continuity tells us that a stable foster care placement is generally preferable to multiple placements. For that reason, the data indicating that children in long-term care are less likely to experience multiple placements if they are initially placed with a relative constitute another argument in favor of kinship foster care.[15]

Placement with a relative may also offer the advantage of a form of consistency that is subtle but important. Families have paradigms which influence the ways in

which they regulate the child's development.[16] One child development expert comments that there are many "right" ways to raise a child, adding that the familial values and styles making up a paradigm are communicated in subtle and implicit ways, but they are nevertheless important in their effects.[17] Placement with an adult who shared the family's paradigm would lessen the disruption in a child's life that a foster care placement creates. It would also be likely to make day-to-day life in a new setting easier for the child to adapt to, especially in the early weeks of a placement.[18]

Not only does a relative provide continuity by subscribing to the family paradigm, but data indicate that relatives are more likely than unrelated foster parents to make active attempts to maintain ties between the child and his or her family of origin.[19] We need to view this finding cautiously, in that a relative's motivations for attempting to maintain ties and the degree to which those attempts are beneficial to the child undoubtedly cover a wide range. Nonetheless, if an ongoing relationship with the family of origin is not problematic for a child, it may be quite beneficial, in that a feeling of "connectedness" to one's family seems to be an important undergirding for identity development.[20] Even in the absence of an ongoing relationship with the family of origin, a child may more easily gain a feeling of family connectedness if he or she lives with a relative than if he or she lives with an unrelated foster parent. In ethnic minority communities, to keep a child within the extended family is to maintain the integrity not only of family ties, but of cultural-group ties as well.[21] As Sandra Chipungu says, when children live with members of the extended family, they are able "to remain with people who know them and their family background, traditions, and culture."[22] This may be important for the well-being of the community, and it may be an especially important consideration in the placement of children of color, whose ethnic minority status tends to add an extra degree of challenge to the task of identity development.[23]

As development unfolds, families are important not only for providing to a child a sense of connectedness and belonging, but for communicating a reasonable set of achievement standards. It is therefore worthy of note that data show relatives who foster a child, in comparison to unrelated foster parents, as having higher expectations for their foster children's adult success.[24] A caution that was put forth earlier bears repeating here: Available data on relatives who foster a child were obtained, in many cases, from relatives who undoubtedly made active attempts to gain custody of the child. In those circumstances, we might expect the relatives' view of the child to be quite positive and not necessarily indicative of a positive bias that would be held by relatives in general. On the other hand, it may be true that people tend to have a somewhat distorted view of the children to whom they have family ties, as reflected in the aphorism that there is only one beautiful baby in the world and every parent has it.

Whether or not there is a general tendency to have a biased view of a foster child to whom one is related is not a question that can be answered, given the available data on kinship foster care, but it is not a trivial question. Robert Rosenthal and Lenore Jacobson demonstrated the power of expectations when they told elementary school teachers, early in the school year, that scores on a test "for intellectual blooming" indicated that certain children would probably show large gains in I.Q. over

the course of that year. At year's end, the "expected bloomers" did indeed show larger I.Q. gains than their schoolmates, even though Rosenthal and Jacobson had selected the "bloomers" entirely at random.[25] This "Pygmalion Effect" has special pertinence in a discussion of kinship foster care because of the tendency of children in long-term foster care to lag significantly behind children in the general population in educational achievement.[26] Children in kinship care may be at an advantage if kinship caregivers as a group, compared to unrelated foster parents, have higher expectations for their foster children's success.

Why Placement with a Relative Might Be Desirable:
Reasons Related to the Stability of Placement

An additional reason to prefer foster care placement with a relative might be inferred from data concerning the wishes of children who need to be in foster care. When 59 foster children were interviewed, 90% reported missing their family of origin all or most of the time, but only 40% wanted to return immediately to that family. Thirty percent said their preference was to live with other relatives. (Twenty percent wanted to be with current or former foster parents, and the wishes of the remaining ten percent are not accounted for in the report.)[27] Malcolm Bush and Andrew Gordon assert that the child's preferences ought to be taken into account in making placement decisions, partly because there are data showing that children in the placement they prefer are less likely to experience disruption of that placement.[28] This is an important consideration if we assume that stability in foster care placements is generally beneficial to the child.

As noted previously, children in long-term care are less likely to be shifted from home to home if they are initially placed with a relative than if they are initially placed with an unrelated foster parent. One possible interpretation of this fact is that placements with relatives are treated with benign neglect by caseworkers; evidence was offered earlier that this may sometimes be the case. Other interpretations are possible, however, if we set aside the assumption that the only motivation for disrupting a foster care placement is concern for the well-being of children or parents. It may be that children who are in some way "difficult" are more likely to be returned to their homes of origin or shifted to another foster care setting. Another possible motivation is financial. Robert Goerge says there is anecdotal evidence that budget shortfalls sometimes result in the shifting of children to less expensive placements or into premature reunifications.[29] It is possible that some relatives, who are likely to have a long-term tie and a substantial emotional "stake" in the child, contribute to the stability of placement by being likely to protest plans that they deem undesirable. A relative might have little hesitation about taking on an advocate's role that an unrelated foster parent would consider to be beyond his or her purview.

Why Placement with a Relative Might Be Highly Undesirable for a Child

As just demonstrated, a fairly strong argument can be constructed in favor of preferring placement with relatives when a child needs to be put into foster care. The section that follows will constitute another strong argument, however, which is that in a substantial number of cases, placing a child with a relative would be extremely ill-advised.

There are several circumstances in which we would question the advisability of kinship foster care. One would be a circumstance in which open expressions of conflict seemed likely between a parent and the fostering relative. There is good evidence that a causal relationship underlies the well-established correlation between interparental conflict and problems in children.[30] It is probably safe to extrapolate and assume that conflict between any two adults who play significant roles in a child's life would have the potential to be injurious to the child.

A second problematic circumstance would be one in which it was proposed that a child be placed with a relative who had had a role in raising a child's parent, if the parent's problems or deficiencies were responsible for the child's need for foster care. The obvious question in such a circumstance would be whether the parent's shortcomings stemmed from the upbringing provided by the relative who was now to be entrusted with the child's care. The answer is not always affirmative. In impoverished areas of the inner city, for example, the stressors and temptations of the environment may override the benefits of the most exemplary upbringing in making young people vulnerable to drug addiction. There are also instances in which a child's growing up to have serious problems only demonstrates that the relationship between parental actions and children's adult outcomes is far from absolute. In situations in which an adult child's problems are fairly independent of the way in which the child was reared, a grandparent may be a more than adequate foster parent who "loves the child to distraction," in the words of a grandmother in a study by Linda Burton.[31] Jane Rowe and colleagues, in describing the grandparents in their sample of foster parents, commented that many seemed to compensate for feelings of having "failed" with a child's father or mother by investing heavily in positive ways in the child, welcoming the chance to "do better this time."[32]

Then again, there is compelling evidence that behaviors or problems of several sorts are "handed down" in a substantial number of families. Possible mechanisms underlying the intergenerational transmission of problems are the modeling by parents of certain behaviors or habits of thought; genetic predispositions; temperament; or interactions between two or more of these factors. It has been established that children grow up to echo their parents' attachment behavior,[33] depression,[34] parenting style,[35] harsh parental behavior,[36] and child abuse[37] with significant frequency. A program that provides services for troubled families notes that a third or more of parents in the program report having been abused or neglected as children.[38] This is a sobering statistic to anyone who thinks that if a child needs to be removed from a troubled family situation, being placed with grandma or grandpa is a good idea. It may

be; the lack of a one-to-one correspondence in the above statistic between being abusive or neglectful and having been abused or neglected reminds us that it is possible for an inadequate parent to have been raised in an adequate home.[39] Nevertheless, it also reminds us that the advisability of kinship care for children is a continuum, not a yes-or-no category. One end of the continuum is represented by the grandparent in Linda Burton's study who said, "Even though it's hard sometimes, I know the Lord is blessing me through these kids."[40] The other end of the continuum is represented by cases in which children in the care of relatives have been killed.[41]

Finally, placement with a relative might be problematic because of access to the foster child by a parent whose detrimental effect was reason for the child's removal from the home in the first place and who would undoubtedly not have access were it not for family ties to the caregiving relative. In some cases, this would be a cause for grave concern. In others cases, contact between parent and child within the context of the fostering relative's home may actually be beneficial. There is evidence in the literature that some fostering relatives are a great help to a child in negotiating a relationship with an inadequate parent and in coming to accept the nature of the situation without self-blame.[42] These contrasting cases underscore the point that the advisability of kinship foster care is a continuum. Unfortunately, research to date has involved only kinship foster parents with laudable viewpoints about their responsibilities. (For example, kinship foster parents in one study had greater feelings of responsibility than those held by non-relative foster parents for helping a child deal with issues of separation and loss.)[43] It would be helpful to know how many kinship foster parents there are, and there surely are some, who allow contact between parent and child even though that contact, from the child's point of view, is highly detrimental.

As the benefits and detriments for children of being put in the care of kin have been weighed in the preceding paragraphs, it has no doubt become clear that a one-size-fits-all recommendation about whether children needing foster care should or should not be placed with a relative is simply not possible. The answer to the question, "What is the best placement for the child?" has to be a series of questions: Which child? Which relative? What circumstances led to the need for foster care?

Moreover, in a kinship foster care situation, the child is only one of the principle parties. Is kinship foster care in the best interests of the relatives who provide it? Is it in the best interests of the biological parents of the child? It is to those questions that we now turn our attention.

Section V
Ramifications of Kinship Foster Care for Relatives of the Child

Studies of Kinship Foster Care Providers

The majority of the available data on the well-being of kinship care providers comes from African-American grandmothers who are caring for grandchildren because an adult son or daughter is drug-addicted, usually to crack cocaine. Such grandmothers are by no means the only relatives who foster a child. For example, a sample of kinship foster care providers from California was 43 percent African-American, 34 percent European-American, 17 percent Hispanic, and 6 percent other ethnicities.[1] Among the children they cared for, 63 percent were grandchildren, 33 percent were nieces or nephews, and 3 percent were related in another way. Children of crack-addicted parents, however, represent a new phenomenon that has grown quickly into a problem of substantial size in some communities. That is no doubt why the bulk of research attention has been paid to the grandmothers who care for such children, although even at that, available studies are few and are largely limited to exploratory work. Therefore, the following review of research findings should be treated as something very like a review of anecdotal evidence.

African-American Grandmothers Fostering Children Because of Crack Cocaine

It might seem surprising that research attention has been focused on African-American grandmothers. Considering the strong traditions in African-American communities of extended-family involvement in child rearing and informal fostering of children, one might assume that African-American women who care for grandchildren are coping fairly well. Meredith Minkler and Kathleen Roe, who have done a great deal of the research in this area, acknowledge the longstanding pattern in African-American communities of shared caregiving, but add that the crack-cocaine epidemic has had a marked effect on the nature and dynamics of grandmothers' kin-keeping experiences.[2] Grandmothers in Minkler and Roe's study, who had all assumed the care of a grandchild because of an adult child's drug addiction, reported feelings of resentment and anger along with the pleasure of being able provide their grandchildren with a home. Having a child addicted to crack cocaine may also create feelings of distress over what is happening to the child, distress over what the child has done to the grandchild, shame, guilt, and so forth.[3]

The stress of such feelings is often compounded by the stresses attendant upon poverty.[4] Not only is the parent of the child who is being fostered not able to assist financially with the child's care, but drug-addicted parents may fail to cooperate in ways that would enable the fostering grandparents to receive AFDC.[5] Grandparents

who do receive AFDC may still struggle financially to meet basic needs. They may find it difficult to use the coping device that is widespread if not universal among parents receiving AFDC, which is to supplement benefits with "under the table" income.[6] This form of coping may be foreign to some grandparents, who may have had no experience in dealing with the welfare system until they stopped working in order to care for their grandchildren.[7] Even if they could find ways to supplement their AFDC income illegally and were willing to do so, they might be impeded by age, energy levels, and, if the child has residual problems from prenatal drug exposure, the greater-than-average demands of his or her care.[8] Ironically, some of the services that grandparents in this situation say they need most, such as respite care, support groups, and training in caring for drug-exposed infants, are the services they may be less likely than unrelated foster parents to receive.[9]

Although it is true that African-American extended-family support networks have been an aid to coping with an often-hostile environment,[10] Linda Burton notes that recent changes in the social and economic conditions of African-American families, especially in the inner cities, have taxed the ability of kin networks to provide support.[11] Grandparents who are fostering one or more children may be bearing the burden virtually alone and may have additional burdens in the form of providing care to or worrying about multiple generations (their children who are still at home, their drug-addicted child on the street, a drug-addicted sibling, their spouse, their own parents, aunts or uncles, and so forth).[12] The realization that they are likely to care for the child they are fostering until the child's adulthood, given the status of the parent of the child, may weigh heavily, along with worries about how they will find the energy necessary for child-rearing or what will happen to the child if they fall prey to disability or death. In many cases, this last set of worries may be spurred by the fact that they are in poor health.[13]

Perhaps the most stress-ridden of all are kinship caregivers who face most or all of the challenges just delineated but who lie outside the formal foster care system. It was mentioned earlier that as child welfare agencies have become swamped by reports of child abuse or neglect, the means of coping in some communities has been to narrow the definitions of "abuse" and "neglect."[14] A grandparent may inform the child welfare authorities of his or her concern, but the child welfare investigator may visit the parent's home and do no more than deliver warnings and recommendations to the parent. Anecdotal information suggests that in some communities, substantial numbers of grandparents have taken over the responsibility for grandchildren whose drug-addicted parents were providing a quality of care that fell into a "gray, marginal" area of adequacy in which child welfare authorities have declined to take action.[15] The founder of a program for such grandparents commented that what is referred to as neglect and deemed not serious enough to warrant intervention would, "if it were your grandchild or mine," constitute abuse.[16]

If a grandparent in that sort of situation decides to take over the care of a child while the parent still has legal custody, the grandparent is in a tenuous position in regard to qualifying for any form of support from the system. A parent who is receiving AFDC may be quite willing to have the grandparent take the child home with

him or her while being unwilling to sacrifice income from AFDC by allowing it to be established that the grandparent now has the care and control of the child. For the same reason, a parent may be unwilling to provide a written statement that the grandmother is the child's primary caretaker, which could enable a grandmother to obtain non-cash forms of assistance, such as medical assistance and WIC food vouchers. In some cases, a parent is so disorganized that he or she never applied for AFDC, in which case he or she may be too disorganized to cooperate with a grandparent's attempts to obtain support. In all such situations, the parent's legal right to the child may operate like a weapon that intimidates a grandparent into dropping any thought of agitating for help. A grandparent in this situation may be truly destitute.[17]

Ramifications for Kinship Foster Parents of Dealing with the Foster Care System

For kinship foster parents who are within the formal foster care system, the system itself may be a source of stress. As noted earlier, the majority of "traditional" foster parents are European-American whereas the majority of kinship foster parents are members of ethnic minority groups.[18] With kinship foster parents being notably different from traditional foster parents in regard to ethnicity, education, and social class, the way is opened for cultural clashes between policies, the people who implement policies, and the people providing foster care. This is especially true in that close to 80 percent of child welfare workers are European-American.[19]

One area ripe for cultural misunderstandings is that of child-rearing styles. John Ogbu comments that child rearing is the process through which parents inculcate the instrumental competencies the child will require for adult survival. Ogbu then argues that because competencies required for subsistence are quite different in different cultural groups, child rearing styles are likely to differ in response. It is not child-rearing styles that cause differences between cultural groups in competencies, Ogbu asserts. Rather, differences in needed competencies cause differences in child-rearing styles.[20]

Differences in needed competencies may vary on the basis of race. Even within the middle class, racial differences in the realities that children will grow up to face are apparent in the opinions of parents about socialization goals. When middle-class parents of boys were asked about child-rearing goals, European-American parents rated happiness and honesty as the most important. African-American parents assigned ambition and obedience to the first and second slots.[21] In communities in which racism is a constraint in the environment and residents have marginal participation in the conventional economy, competencies required for subsistence may include a mistrust of people in authority, the ability to "fight back," and the ability to manipulate situations and people. The need for these functional competencies, Ogbu argues, may help explain child-rearing practices such as verbal rebuffs and physical punishment.[22]

The topic of cultural differences in child-rearing styles is pertinent to a

discussion of kinship foster care, given that many agencies license kinship foster care providers (see Appendix A for details). In most states, licensed foster parents are prohibited from using corporal punishment, and they are warned that the penalty for violating this rule is cancellation of their license.[23] A caseworker who conveys respect for the relative's use of discipline in meeting legitimate, culturally based, child-rearing goals can present a no-corporal-punishment regulation, or other suggestions about constructive alternatives to physical discipline, in a way that is not offensive. It may more often be the case, however, that having child-rearing techniques "dictated to them" by child welfare workers who often do not understand the kinship foster parent's child-rearing context is both upsetting and ineffective.[24] There is also anecdotal evidence that relatives fostering a child may find stressful the general interference of a child welfare agency, which requires them to obtain permission before taking the child across state lines, for example, and which in general tries to tell them "how to raise your own flesh and blood."[25] It is possible that this area is especially stressful for kinship foster parents who belong to ethnic groups with longstanding traditions of child fosterage but only recent experience with being part of the formal foster care system.

European-American Kinship Foster Parents

As mentioned in the beginning of this section, the few exploratory studies of the impact on grandparents of fostering a child have focused on African-American grandmothers. An exception is a study that included 36 custodial grandmothers in Butler County, Ohio.[26] The sample in this study was virtually entirely European-American and was relatively well-educated (mean education completed: one year of college). These grandmothers reported both joys and stresses as a result of their assumption of a foster parent role. Stresses revolved around losses of privacy and freedom; reductions in time for self, spouse, and friends; greater physical and emotional fatigue; and greater amounts of worrying.

It is perhaps safe to assume that a discrete category of stresses has been created for the Butler County grandmothers by their membership in an ethnic group that holds the nuclear family as the norm. Margaret Jendrek, who conducted the study, comments that although the grandmothers in her sample had assumed parental functions, they were without structural supports for that unexpected role. Some had experienced a failure of their usual support network because they and their friends were no longer "in the same boat." It is known that it is stressful to feel "off-time," or in violation of the ideas of one's cultural group about which activities are appropriate at a given age.[27] It is therefore interesting that the grandmothers in Jendrek's study seemed to feel the disjuncture between their anticipated grandmotherly role and the one that they found themselves playing.[28] If the non-normative nature of their role was stressful, then one might wonder whether European-American relatives feel the stress especially keenly when they take on the foster parent role in response to pressing circumstances, rather than with preparation or planning.

Concluding Remarks About Kinship Foster Parents

The picture presented here of ramifications for relatives of fostering a child has dealt only with negative ramifications. The studies of custodial grandparents just reviewed offer abundant evidence of the joys, pleasures, and rewards that also go along with the role. Grandmothers in these studies talk about having a new purpose for living, being blessed, being "kept young," and enjoying activities with their grandchildren. Nonetheless, in considering the rewards of being a kinship foster parent, we could all too easily overlook the fact that a relative may also pay substantial tangible and intangible prices for fostering a child. It would also be easy to maintain a focus on the well-being of the child, completely overlooking in the process important questions about the well-being of the psychological parent on whom the child depends.

Biological Parents of the Kinship Foster Care Child

Not surprisingly, the bulk of attention in the research literature on kinship foster care is given to the well-being of the children in care and to the well-being of their caretakers. A lack of focus on the biological parents makes it difficult to gain an overall sense of the reasons that kinship care is necessary and of the chances for reunification of the biological parent and child. Available information about grandmothers fostering babies whose parents are addicted to crack cocaine indicates that the biological parents are often an additional source of strain for grandparents and that hopes for reunification are dim.[29] In Margaret Jendrek's sample of European-American grandmothers, the reasons the grandmothers gave for their caretaking involvement were a fairly even mix of emotional, drug, or alcohol problems on the parts of the biological parents.[30] There is no way to assess, from the information given, the severity of those problems. In a British sample in which the majority of parents had played an active role in arranging kinship care for their children, Jane Rowe and colleagues report that some parents felt that their children had been "taken over" by the relative and that they as parents had been "pushed out of the picture."[31] A contrasting situation is the one reported by Mark Testa, who comments that some of the birth parents in his Chicago sample see kinship care as a normal part of an extended family structure and so do not feel any urgency about bending to agency pressure to regain custody of their child.[32]

This "mixed bag" of possibilities, with no clear outline of the characteristics of biological parents in kinship care cases, makes it difficult to assess the ramifications of kinship care for the family of origin. If the greater stability that is characteristic of kinship foster care placements is due, in part, to a certain amount of complacency on the parts of the caseworker and the biological parents,[33] then it might be supposed that the pressure to bring about reunification of parents and child might be less than it is in traditional placements. This could be deleterious for the parents; a situation in which

parents are not adequately caring for a child, when viewed from a family-centered rather than a child-centered approach, represents more than a threat to the child's physical, emotional, and cognitive development. The situation also represents a threat to the parents' socioemotional development as competent parents and as responsible, productive adults.[34] The Child Welfare League points out that not only are supportive services for kinship care providers lacking, but services for birth parents are lacking as well. All parents need assistance in understanding the factors that led to the need for kinship care, the League argues, and parents need assistance in obtaining resources if such resources may make reunification possible. When reunification does not seem possible, parents need counseling regarding the relinquishment and termination of parental rights.[35]

To the extent that the greater stability of kinship care placements represents fewer pressures for reunification, however, it may also represent few pressures to take the needs of biological parents into account. As more research questions are formulated in response to the still-new phenomenon of kinship caregivers within the formal foster care system, perhaps effects of kinship care on biological parents can be addressed.

As seen in this section, the phenomenon of kinship foster care raises issues for caregivers and biological parents that are simply not present in traditional foster care. It is also apparent in this section that kinship foster parents, in their well-being and in challenges to their well-being, are quite different from traditional foster parents. In the area of policy, however, are kinship foster parents and traditional foster parents "different" or "the same"? What answer is reflected in current policies? These are the questions that are considered in the next section.

Section VI
What View of Kinship Foster Parents Do Current Policies Reflect?

A question was raised earlier about the nature of the kinship foster parent's role. Is a relative who fosters a child simply a family member? Or a foster parent like any other? Or a hybrid who fulfills both family-member and foster-parent roles? We know that kinship foster parents and unrelated foster parents are different in their characteristics. As noted earlier, kinship foster parents are likely to have lower incomes and less formal education than unrelated foster parents have, and they are more likely to be members of ethnic minority groups. We might also assume that the two groups are different in their motivations and in their relationship with the state:

- Unrelated foster parents are motivated by a general concern for the well-being of children but would be unlikely to foster children without payment. Ties to the child may be transient. The parents are providing a service to the state.

- Relative foster parents are motivated by ties to a particular child or children and we assume that they are likely to care for the child without financial support from the state if they are able to. Ties to the child are usually lifelong. Relatives are likely not to feel like foster parents and may resent state intrusion. On the other hand, one study found evidence that kin caregivers were more likely than unrelated foster parents to feel like partners with the child welfare system.[1]

How does the state view its relationship with the two groups of foster parents, though? Until the court case Miller v. Youakim in 1979, it was the norm for the state not to view relatives as foster parents or to treat them as such. The ruling seemed to be a spur, however, for the state to begin to treat relatives more like traditional foster parents. That is not universally true, for as noted previously, some states of the union view kinship foster care as a form of family preservation and do not include children being cared for by relatives in their tallies of children in foster care.[2] Among the states that do see kinship care as a form of foster care, the question of whether kinship caregivers should be treated like unrelated foster parents for policy purposes or whether they should be in a separate category seems anything but resolved. This point will be illustrated with evidence from two areas: practices related to financial support, licensure, and monitoring; and judicial opinions.

Variability in States' Practices

In regard to financial support, current practice in the majority of states is to grant foster care maintenance payments to relatives if they meet foster home licensing requirements, although in Massachusetts and Pennsylvania, all relatives who provide

foster care receive foster care maintenance payments.[3] Foster care maintenance payments may be wholly state-provided or, if the foster home is licensed and the child is Title IV-E eligible, may be partly reimbursed to a state by the federal government. When relatives do not qualify for foster care maintenance payments, they may, in most states, be eligible for AFDC payments for the child in their care.

Financial support is only one area in which states vary widely in their policies governing kinship foster care. Licensure is another. In some of the states which require relatives to be licensed foster parents in order to receive foster care maintenance payments, relatives are required to meet the same licensure criteria as non-relative applicants. In other states, when a relative applies for a foster care license, one or more requirements may be waived.[4] There is little uniformity in those states, however, in the sorts of requirements that may be waived. Although some states require that all foster homes, including relative foster homes, be licensed (e.g., Arkansas), others exempt relative foster homes from licensing (e.g., California). States also vary as to whether licensure is used as a criterion for eligibility for foster care maintenance payments or as a criterion for assuring children's safety. In some states in which no licensure requirement can be waived for relatives, a child may be placed in an unlicensed relative's home that has been approved specifically for that child (e.g., Minnesota).[5]

In a like manner, agency monitoring of relative foster homes seems to vary a great deal and may be quite lax in some localities.[6] It is doubtless the case that laxness, when it occurs, does not usually stem from official policy. Nevertheless, in four states, the monitoring policy states that kinship foster homes do not need to be visited as frequently as traditional foster homes; in one state, staff are required to visit non-relative homes every 60 days but are "not required to meet that schedule" for kinship foster homes.[7]

The availability of social services is also not uniform across states. The vast majority of states have a stated policy of not excluding kinship caregivers from social services available to unrelated foster parents,[8] but there is evidence that such policies are often not implemented.[9] Results of a study of 600 foster families in California indicated that kin caregivers were far less likely than unrelated foster parents to receive such services as respite care, support groups, and specialized training (for such matters as caring for drug-exposed infants).[10]

The Judicial Point of View

The much-cited ruling in Miller v. Youakim, which said that licensed foster parents could not be denied benefits simply because they were related to a child in their care, does not help to answer the question of whether kinship foster parents are in the same policy category as unrelated foster parents. The case was decided by the Supreme Court on the basis of an administrative decision, so the court left untouched the question of whether relatives who foster a child are entitled to equal protection under the law. Further, Miller v. Youakim dealt with the question of federal foster care

benefits and so did not resolve questions involving state funds.

Subsequent to Miller v. Youakim, the question was raised, in class-action lawsuits in California and in Oregon, of whether kinship foster parents may be denied state-financed foster care payments for which unrelated foster parents are eligible.[11] Courts in both states handed down decisions saying--in essence--that relatives who foster children may legitimately be put into a discrete category. In one opinion, it was further stated that although the court recognized a child's right to live with members of his or her family, the state is under no obligation to subsidize the realization of that right.

In other words, judicial decisions, as well as states' policies, seem to indicate a perception of kinship caregivers as being different from unrelated foster parents, although similar in some ways. What is striking is the lack of consistency from one state to another in the ways lines are drawn around similarities and differences. More fundamentally, there is a noticeable lack of consistency in the definition of "kinship foster parent" itself, as is shown in the following paragraphs.

A Question Without an Obvious Answer: Who Is "Kin"?

In much of the literature on kinship foster care, the terms "relative" and "kinship caregiver" are not defined, no doubt because the authors assume that the meaning of "relative" is self-explanatory. Nonetheless, although "kinship care" seems implicitly defined in some instances as being care provided by relatives,[12] in other instances, kinship care is more broadly defined to include such people as members of tribes or godparents.[13]

In the states' views of kinship caregivers, also, there is variability. To illustrate: In Oregon's child welfare system, a relative is defined as "a grandparent, sister, brother, aunt or uncle who is related by blood, adoption or marriage."[14] In California, "relative" is defined to include: (A) The father, mother, brother, sister, half-brother, half-sister, uncle, aunt, first cousin, nephew, niece, or any such person of a preceding generation denoted by the prefixes grand-, great-, or great-great-. (B) The stepfather, stepmother, stepbrother or stepsister. (C) The spouse of any person named in (A) or (B) above even after the marriage has been terminated by death or dissolution.[15]

In summation, there is a great deal of variability in the way kinship foster parents are viewed vis a vis traditional foster parents, as reflected in several aspects of policy. This pattern of variability only underscores the question: For the purposes of policy, how should kinship foster parents be viewed? More important is the question, how should they be treated? In the final section, recommendations in some of the more problematic areas are offered.

Section VII
Recommendations

As seen in the preceding section, the question has not been resolved as to whether, for policy purposes, kinship foster parents are the same or different from traditional foster parents. Considering the current situation, in which financial support of kinship caregivers is both expensive and inequitable, it seems likely that pressures to resolve the "same or different?" question will increase. In largely intangible ways, however, kinship caregivers are immutably different. Unlike a traditional foster parent, a kinship caregiver often has an interest in, a long-term relationship with, and access to the child that are independent of the child welfare system. The well-being of foster parent and child are undoubtedly far more intertwined when the foster parent is a relative. These realities make many policies, written with traditional foster parents in mind, a poor "fit" for kinship caregivers. How might such policies be revamped in order to foster the well-being of all parties involved? Following are specific recommendations in several areas.

Financial Support

It is perhaps obvious that traditional foster parents need to continue to be reimbursed for as close to the full cost of caring for a child as possible. To do the same for kinship foster parents would be the ideal, but it may not be realistic. As noted in Section I, federal foster care expenditures have soared in recent years. On the state level, both Oregon and California have argued successfully in court that they ought to be allowed to deny relatives the level of reimbursement given to unrelated foster parents because it is a reasonable distribution of limited public welfare funds to provide foster care maintenance payments only to people who lack a "family-ties" incentive for becoming foster parents.[1] The federal government may well take the same stance at some point.

There is no doubt that many kinship caregivers are in need of assistance, however, and although we expect families in this society to take care of their own, we also recognize and respond to their genuine needs for help. It may be that the most appropriate response would begin with the recognition that, as Marianne Takas comments, the financial needs of kinship care providers tend not to follow the same pattern as those of traditional foster parents. Traditional foster parents take whatever time they need for preparation before assuming the role, whereas a relative not uncommonly becomes a foster parent unexpectedly. Consequently, the greatest needs of kinship foster parents for assistance, including cash assistance, may come initially. Takas suggests that greater amounts of assistance "up front" in return for lesser amounts of assistance over time would not only be realistic in regard to many relatives' needs, but would avoid creating a disincentive for reunification of children and their biological parents.[2]

In addition, the current disparities between traditional foster parents and kinship foster parents in the receipt of supportive services is particularly striking. In trying to meet more satisfactorily the very real needs of kinship foster parents, perhaps the provision of services such as parent education, specialized training (e.g., in caring for drug-exposed infants), respite care, and child care ought to be emphasized. It will be recalled that Mark Testa found in his focus-group discussions with kinship foster parents that when they applied for formal foster parent status, it tended to be services rather than money that motivated them.[3] Further, Marianne Takas says, if supportive services that were established were transferred to a child's parent upon reunification, the loss to the relative who had been providing care would not create a blow in the way that a financial loss could. In addition, providing supportive services after the child returned home would undoubtedly improve the chances in many cases that the reunification would "take."[4]

Screening and Monitoring

The indications that some agencies do minimal screening of potential kin caregivers is troubling, to say the least. It is important to remember that when asking whether relatives can be adequate surrogate parents, a "yes/no" answer is simply not available. Reading about Linda Burton's study of grandmothers fostering children of drug-addicted parents, a developmentalist might be concerned about the well-being of the grandmothers, but the adequacy of the nurturing being given to the grandchildren would not be in doubt.[5] On the other hand, placement of a child with a relative in an extended family in which alcohol abuse or child maltreatment appeared in most branches of the family tree would be cause for grave concern. A child welfare worker in rural Pennsylvania, who has had experience with kinship foster care arrangements, has commented that this sort of concern is often well-placed.[6]

A case could be made that if relatives are not carefully screened before placement, it would be better to return to a philosophy of viewing relatives as the placements of last resort, for in families in which there may have been an intergenerational transmission of problems, for example, the risk to the child of being placed with a relative may be substantial. It would be a mistake to develop a zeal for placing children with relatives in which we forget that an advantage offered by unrelated foster parents is that their motivations for fostering and their ability to engage in constructive parental behaviors have been carefully assessed. A no-less-careful assessment needs to be made of anyone who might foster a child.

Then, once family members have been determined to be acceptable foster parents for a child, what degree of monitoring of the foster care placement is appropriate? Close monitoring of all the parties involved is clearly appropriate when a reunification of biological parents and child seems possible. But what of the children who, as Piliavin and Courtney comment, will spend virtually all their childhoods in kinship foster care?[7] In those situations, to what extent should the state tell the extended family what to do? Marianne Takas[8] comments that regular monitoring,

which may be appropriate for unrelated foster parents, may be inappropriately intrusive in some extended families. It might be good to heed Goldstein, Freud and Solnit's advice to remember (1) the child welfare system's incapacity to supervise interpersonal relationships and (2) the limits of knowledge in making long-range predictions about results of the conditions for a child's care that we impose on a custodian.[9]

Then again, the state has an obligation to protect children under its parens patriae authority, although as Theodore Stein points out,[10] court decisions and judicial scholarship reflect ambivalence about how best to balance that obligation against the family's fundamental right to privacy. When a child has been placed in the care of a relative for an extended period of time, one possible stance is to say that no matter how reluctant agents of the state were to violate the family's privacy, once the concern about a child became great enough to warrant intervention, the state became obligated to monitor the child's well-being until the child is able to return home or ages out of the child welfare system. Another possibility is to say that once agents of the state determine that the relative to whom the child's care has been entrusted will provide adequate care, the state can extend the right to familial privacy to the extended family.

The second stance might require a shift in our definition of "family," but a shift from defining "family" as a nuclear family to including extended families in our definition might be more consonant with the cultures of many of the people whom the child welfare system serves. Furthermore, for the pragmatic reason that the child welfare system is strained to the limits, in cases in which it could clearly be determined that an extended family member was a suitable parent, then withdrawing to a position of respecting the family's privacy might be a wise use of available resources. Although the term "family preservation" describes a specific form of intervention which is undergirded by a specific philosophy and so should perhaps not be co-opted, there may be merit in the point of view, held by some states,[11] that placing a child with a member of the extended family constitutes preservation of the family.

An interesting approach to the matter of monitoring kinship foster placements can be seen in Pennsylvania's "Placement in the Home of a Relative" permanency plan. Under this plan, an agency places a child with a relative, offers intensive services until the placement is stable, then transfers legal custody to the relative and withdraws financial assistance and supervision.[12] Even if a kinship caregiver needed ongoing financial assistance, a period of close scrutiny followed by a withdrawal of supervision might be well advised.[13] That sort of plan would be workable, however, only if the potential kinship caregiver were adequately screened. Considering the reasons, outlined previously, that placing a child with a relative might be distinctly ill-advised, a lack of initial screening or a lack of care in initial screening borders on the unconscionable.

In Need of Assessment: The Extent to Which Financial Support of Kinship Caregivers is Inadequate

Kinship foster care and the overburdened nature of the child welfare system are to some extent intertwined issues. Over the past twenty years, the definition of "child maltreatment" has undergone expansion and contraction. Initial child abuse reporting laws mandated that physicians report "serious physical injuries" or "nonaccidental injuries."[14] Since then, laws have been broadened so that most of the states of the union currently require that any type of suspected maltreatment, including physical abuse, sexual abuse or exploitation, physical neglect, and emotional maltreatment, be reported.[15] As noted previously, the child welfare system currently is overloaded to the extreme, a condition that has led to redefinitions, in some communities, of "abuse" and "neglect."[16]

As a result, if parental functioning falls into a "gray area" in which the parent functions poorly but occasionally, an investigative worker may decline to do more than give the parent a warning and recommend that she or he seek help. In municipalities in which the child welfare system is particularly overloaded, there are instances in which children are left in the home of origin despite the opinion of medical personnel who have treated the children that clearly, they need to be removed. When child welfare authorities refuse to intervene, a relative may assume care of the children "off the books," sometimes incurring a considerable degree of hardship in the process. There is anecdotal evidence that in some communities, a third or more of grandparents fostering children are in the undocumented category. Such grandparents are ineligible for foster care maintenance payments and cannot obtain AFDC or non-cash forms of assistance if the biological parents are not cooperative. Even if grandparents receive AFDC benefits, the support may be inadequate. The substantial degree of financial stress that such grandparents often suffer undoubtedly has an impact on their health, which is poor in a great number of cases.[17]

A second question in the area of financial support is the extent to which good placement options are being lost because relatives are refusing for financial reasons to foster a child. There are very few data by which to judge, although the information that is available is sobering. Results of a study of African-American children in foster care that included data from five cities showed that when foster care maintenance payments were available, 80 percent of relatives who were considered as foster parents went on to provide foster homes. Of those who did not, none cited finances as the reason. In a city in which foster care maintenance payments were not available to relatives, 56 percent of potential kinship caregivers eventually provided homes. Of those who did not, 27 percent gave a lack of financial or housing resources as the reason. There was also an indication that a lack of day-care, which is a service often available to foster parents, was an impediment to potential kinship caregivers in the second city.[18]

Both the degree of hardship being experienced by kinship caregivers and the extent to which potential kinship caregivers may, for financial reasons, be refusing to foster children need to be assessed. The assessment needs to be made for

compassionate reasons as well as for the pragmatic reason that if relatives are unable to continue to care for children or if they refuse at the outset to provide what would have been a good home, it may ultimately be detrimental for all parties involved, including the state.

In Need of Study: Durations in Kinship Foster Care

Duration in foster care tends to be greater for children who are in the care of a relative.[19] Despite tentative hypotheses that caseworker complacency or parental complacency may play a role, we lack an accurate idea of why longer stays in foster care are correlated with kinship care. It may be that slow rates of discharge are not cause for concern, especially when a child comes from a cultural group in which the usual ideas about reunification do not readily apply. The startling size of the increase in recent years in foster care caseloads may divert our attention from the fact that there is no "right" number of children who should be in care or any "right" length of time that they should be there.

On the other hand, is it possible that longer stays in kinship care constitute a new form of "foster care drift" in which the biological parents' needs and responsibilities are largely ignored? All we can conclude is that we simply do not know, at this point, whether longer durations in relative care are "good" or "bad," but the matter might bear careful investigation.

In Need of Study: Ramifications of Kinship Foster Care for Biological Parents

A comment was made earlier in this paper that, not surprisingly, most of the attention in the research literature in the area of kinship foster homes is focused on the well-being of the children and caretakers. We need to see more clearly how the biological parents fit into the picture. If reunification of parent and child is often not realistic, we need to recognize that fact in order to encourage realistic permanency planning for the child and realistic support for the kinship caregiver. There is a hazard in thinking of a situation such as kinship foster care as temporary, in that it is easier to allow a situation to be less than optimal for all parties involved when a "temporary" label has been applied, despite the readily apparent fact that the situation will be lasting.

When some degree of involvement of the biological parents with their child is a possibility, it is important that those parents not be overlooked or "pushed aside." In some cases, pressure applied to parents to regain custody (and adequate support as they make efforts to do so) would be healthful. In other cases, it may be that the state's ideal of reunification with a biological parent who then takes over the financial support of the child is not realistic. Involvement of the biological parents within the

context of long-term care provided by the extended family may be an adaptive and optimal arrangement for some children, especially in cultural groups in which significant parenting involvement by relatives other than parents is the norm. In order to make these judgments, though, we need to know more about the characteristics and circumstances of the biological parents of children in kinship care.

In Need of Consideration: The Definitions of "Kin" and "Family"

As noted previously, more than half of the states currently have policies that prefer placement with relatives when children need to be placed in foster care. If we assume that the value of kinship care is that a child is more likely to view a relative as a psychological parent, then what definition of "kin" is realistic? Is a former step-parent who is a competent parent and who has maintained a close relationship with the child not "kin" because, having divorced the child's biological parent, the step-parent lacks a biological or legal tie? Is a genetic relative who has not previously been at all involved in the child's life to be given preference because he or she is "kin"?

We might also ask questions about how to categorize people who have no biological tie to a child and who have never had a legal tie, either, but who may have had a great deal of involvement with and a strong sense of obligation to the child. If "fictive kin" is a foreign concept in the dominant culture, it is an established part of the structure of life for other groups. In Hispanic-American communities, Carlos Vidal comments, "los padrinos" or godparents are potential, valuable placement resources.[20] It goes without saying that placement resources ought not to be overlooked. Further, we would surely want to be supportive of someone who wished to provide a home for a child whom he or she cared deeply about and was strongly committed to, whether or not the potential surrogate parent possessed one of the characteristics that define "family member" in the dominant culture. We would also want to support, rather than undermine, a community's identity. In the African-American community, extended kin networks, fictive kin included, form the foundation of the community as a cultural group.[21] Whereas a European-American family friend might "take a child in" as a kindness, for the analogous adult in the context of another culture, taking over the care of a child might mean keeping the child "with family" as well as preserving the integrity of the cultural group.

It is much tidier to have definitions of "kin" and "family" that are dependent primarily upon genetics and that cover a narrow range of relationships, but that may be at odds with the life structures of the people we are serving. It may also be at odds with the well-being of one or more of the parties involved, including the state. Therefore, a broadly inclusive definition of "kin," such as "anyone to whom the child has a kinship tie"[22] seems eminently reasonable. Nevertheless, how should "family" and "kin" be designated under such a broad definition? This is an important question in states that give custody preference to kin.

In Need of Consideration:
Preferences About Forms of Permanency

Sheila Kamerman and Alfred Kahn have observed that in the years since implementation of P.L. 96-272, the child welfare system has found itself dealing with a progressively more troubled and difficult clientele. Piliavin and Courtney contend that the recent rise in foster care caseloads reflects an unprecedented number of children who will spend virtually all of childhood in foster care. There is emphasis in P.L. 96-272 on permanency planning for children who need to be fostered, but the law does not indicate that one form of permanency is preferable to another. Nevertheless, an underlying assumption in many discussions of permanency planning is that there is a hierarchy of forms of permanency in which reunification is the most preferred.[23] The difficulty is that reunification implies an initial unity between biological parent and child that in a significant number of cases of kinship foster care, may not have been there. Moreover, because duration in foster care tends to be longer for children in the care of a relative, the question is especially likely to arise in kinship care cases of whether, once a child has been with a relative for long enough that the relative becomes a "psychological parent" in Goldstein, Freud and Solnit's terms,[24] possible benefits of reunification would be outweighed by the potential harm of removing the child from a stable, familiar home.

If reunification is simply not an option for a child in kinship foster care, a second form of permanency--adoption--may not be either. Researchers report that many relatives are resistant to the idea of adopting a child who is already very much "family" to them.[25] Further, a situation such as a child's moving back and forth between his or her home of origin and the home of a relative may be adaptive and even normative for an extended family, even though such moves would be termed "shuttling" and would be frowned upon for a child in traditional foster care.[26] It will be recalled that in the section on ethnic differences in ideas about "family," the comment was made that African-American families are commonly characterized by their fluidity, with frequent changes in residence and family composition. In a noticeable number of cases, a fostered child is in an extended-family household that includes his or her biological parent, even though a relative has legal custody of the child.[27] It may be appropriate, in some cases of kinship care, to reconsider the meaning of "reunification."

In Need of Development:
Means for Moving Children Out of Kinship Foster Care

As just noted, the obvious exit from kinship foster care, which is reunification with the family of origin, is not a realistic option for some children. In those cases, to what extent does the loss of financial support and service support which is usually a result of assuming guardianship discourage kin caregivers from pursuing this option? Six states presently subsidize guardianship for related foster parents, being guided by the same reasoning that guided the creation of adoption subsidies: Money spent to

assist relatives in assuming legal custody is more than offset by savings in foster-care payments and the administrative costs of keeping children in the foster-care system.[28] Subsidizing guardianship may be especially valuable if foster children are disabled or have special needs.[29]

In addition, are relatives being given full measures of encouragement and support for adopting the children in their care? It is often assumed that relatives are resistant to the idea of adopting "one of their own," and there are some data indicating this.[30] On the other hand, Mark Testa comments that one of the more surprising aspects of focus-group discussions with kinship foster parents was the significant number who were eager to adopt.[31] Testa reports that their major complaints centered on insensitivity of the system to their wishes to adopt and the system's repeated deference to biological parents' rights. In sum, Mark Testa makes an excellent point when he says that more negotiable pathways out of kinship care need to be explored.[32]

The five areas just delineated: durations in kinship foster care; ramifications of kinship care for biological parents; definitions of "kin" and "family;" preferences about forms of permanency; and means for moving children out of kinship foster care are interrelated and are perhaps best pondered as a whole. A final recommendation is that when thinking about any or all of these areas, the cultural context of the people being affected by these issues ought to be taken into consideration as well.

Recommendations in Brief

- Consider reapportioning the resources available for relatives who are assuming the care of a child so that the greatest amount of assistance is provided initially.

- In supporting kinship foster caregivers more adequately, emphasize the provision of services.

- Potential kinship caregivers ought to be screened initially with every bit as much care as traditional foster parents are screened.

- In regard to monitoring, after a kinship caregiver has been deemed to be an adequate surrogate parent, the most minimal monitoring possible might be appropriate in cases of long-term care.

- Assess the extent to which kinship caregivers are suffering hardship and the extent to which good placement options are being lost because of a lack of support.

- Study the reasons for longer durations in kinship foster care, relative to traditional foster care, setting aside preconceived ideas that longer durations in the care of relatives are either "good" or "bad."

- Assess the characteristics of the biological parents of children in kinship care, also assessing the ramifications of kinship care for parents.

- Reconsider current definitions of "kin" and "family."

- Reconsider the hierarchy of preferability of forms of permanence for children who are removed from their home of origin.

- Explore better means for moving children out of kinship foster care when reunification does not seem possible.

- Think of durations in kinship care, ramifications for biological parents, definitions of "kin" and "family," preferences regarding forms of permanency, and means of moving children out of kinship care as interrelated parts of a whole, which in turn has an interrelationship with the cultural context of those who are affected by policies related to kinship foster care.

Appendix A
Concepts, Terms, and Policies Related to Foster Care: Licensure, Monitoring, and Supportive Services

Although there is variability among the states of the union in practices governing the licensing and monitoring of foster family homes, most states use the Child Welfare League of America Standards for Foster Family Service[1] for guidance.[2] What follows is not intended to be a definitive description of licensing and monitoring practices but is intended to provide a general idea of what the terms "licensing" (sometimes termed "certification") and "monitoring" mean.

Licensing

According to the Child Welfare League's standards,[3] foster parents should have personal characteristics that will make it possible for them to perform the responsibilities entailed in caring for children. Foster parents should also be in sound enough health that they can give adequate care to a child, and they should have sufficient income to ensure the stability of the home. The foster home should be located where facilities such as schools, churches and recreation exist and where the office of the child welfare agency is reasonably accessible. The physical facilities of the home should meet adequate sanitary and safety standards. Sleeping arrangements should be such that each child has a separate bed and that no child, with the exception of infants, shares a bedroom with an adult or with children of the opposite sex. Matters relating to family composition, number of children in the family, employment of the foster mother, and religion of the foster home should be considered during the evaluation process.[4]

The evaluation that is conducted before a license is granted is careful. It is carried out in group meetings and in individual interviews conducted both at the agency and at the prospective foster home. Applicants are also required to furnish references attesting to their character and parental skills, and they are required to undergo a medical examination to ensure their physical ability to care for a child. A routine check is made for any criminal record. Once these steps have been completed successfully, applicants sign an agreement with the agency. Agreements generally spell out restrictions on the foster parents, their responsibilities, and procedures for visits by the biological parents. Included in the agreements used by almost all state departments of social services is a clause stating that foster parents agree to relinquish physical custody of and contact with the foster child upon request of the agency.[5]

Licenses certifying that a home is authorized to accept children for foster care are usually issued for one-year periods. At the end of that time, the foster parents and their home are routinely reevaluated and relicensed.[6]

Options for Assessing Kinship Caregivers

A relative may become a licensed foster parent by meeting the sorts of criteria outlined above. A relative may also be given the physical custody of a child on the basis of a process other than that of licensing. As explained in the United States Department of Health and Human Services Inspector General's report on state practices governing kinship care,[7] the possible processes are:

• Licensing: A process defined in policy for reviewing specific characteristics of individuals and their homes in order to determine that the individuals can provide a safe and secure home for children who are in foster care. Licensure equals official permission to provide foster care.

In some states in which kinship foster parents are licensed, the licensure requirements are no different from those for traditional foster parents. In other states, one or more requirements may be waived. Requirements that may be waived include those related to the length of the applicants' marriage; their age; their income; their participation in foster-parent orientation and/or in training; the source of their home's water supply; the physical space, physical conditions or beds available in the home; and the presence of smoke detectors and fire extinguishers.

• Approval: A process defined in policy by which foster parents who meet most licensing criteria are granted permission to provide foster care to a specific child or children only.

• Formal Review: A process defined in policy or official procedures in which a potential kinship foster home is assessed, using certain pre-defined standards that are more flexible than are the criteria for licensure.

• Unspecified Review: A process that is not officially defined in which the general safety and suitability of a kinship foster home are assessed.

Monitoring

Once a child welfare agency has placed a child in a foster care home, part of the agency's responsibility is to maintain continuing supervision of the child and the home. This supervision is commonly termed "monitoring." The Child Welfare League of America standards state that monthly personal contact between the foster parents and child welfare agency staff should be the minimum, for meeting the agency's obligation.[8]

In harmony with that guideline, the monitoring policy of a majority of the states dictates a visit by foster-care staff to all children and foster parents every 30 days. In some states, visits are required at intervals ranging from every 60 to every 180 days. A few states have a policy whereby the frequency of monitoring visits is case-dependent.[9]

Supportive Services

Most child welfare agencies provide supportive services, along with financial support, to foster parents. Supportive services include group training of several sorts: pre-service training (or training for the foster parents before a child is placed with them), parent education classes and/or ongoing training (of a continuing-education sort), and specialized training in the care of children with special problems, such as prenatal drug exposure or attention deficit disorder.

Other supportive services that an agency might offer are respite care (for anywhere from a few hours to a few days), day-care for a foster parent who works outside the home, homemaker services, home-nursing services for children with medical problems, and support groups for foster parents. Psychological counseling, if provided for a foster child, may indirectly be a supportive service for the foster parents, and when it is recommended, family counseling for the foster family and the foster child may also be provided. Some agencies provide foster parents with a clothing allowance for the child.[10]

There is no "standard package" of supportive services that an agency might provide, and there seems to be a great deal of variability from one jurisdiction to another in what agencies offer.[11] As an example: Kadushin and Martin cite a study of 173 foster care agencies in which only 38 percent reported offering routine group training of any sort.[12]

Appendix B
Concepts, Terms, and Policies Related to Foster Care: Who Has Control of the Child, and What Are Their Rights?

Initial Steps Leading to Foster Care

The majority of children being cared for by relatives are in out-of-home care because of parental abuse or neglect.[1] Following is a description of the process that would unfold if a child who was being abused or neglected were removed from his or her home and placed in a traditional foster family home.

Typically, reports of abuse or neglect are made to a state's department of social services. Not all reports are investigated; states set criteria for the "screening out" of reports. For example, repeated unfounded reports made about a particular family, a child over the age specified in state law, a condition reported that is not covered by state statute, or incomplete information might be reasons for a report's not being investigated.[2]

If the decision is made to investigate a report of abuse or neglect, the investigative worker is charged with determining 1) whether the child is in danger, 2) whether he or she can be safeguarded at home or should be taken into protective custody, 3) whether there is sufficient evidence to sustain the allegation of abuse or neglect, and 4) whether to refer the case to court. Not all substantiated cases of abuse or neglect are referred to the court. In some instances in which an investigative worker decides that a child should be removed from the home, the parents agree to a voluntary placement into substitute care, in which case they retain legal custody and may request the return of their child or children at any time.[3]

In a case in which parents are not amenable to an investigative worker's suggestion of placement, state law or agency policy may provide guidelines for deciding whether the case should be referred to the court. In other instances, the decision to take a given case of child maltreatment to court is left to the discretion of child welfare workers. If that decision is made, then the case goes to juvenile court, where procedures are carried out in two stages.[4] An adjudicational or jurisdictional hearing (for the purpose of fact-finding) is followed by a dispositional (or decision-making) hearing.

Court procedures are initiated when the child welfare agency files a petition to the court. (When a child is removed from his or her home on an emergency basis, precluding a preremoval hearing, an ex parte order--"with one side present"--is filed.) The petition states the facts of the case, including what the investigative worker found and any corroborating evidence, and it also contains a request for a particular finding from the court. In cases of child abuse or neglect, the request is that the court, on the basis of the evidence presented, find the allegation of abuse or neglect to be true. At adjudication, the judge decides whether the facts of the case allow the court to assume jurisdiction over the child.[5] The court does not take jurisdiction over every child

brought before it who has, at some time, been maltreated. Rather, jurisdiction is taken over children deemed to be presently endangered and in need of the services of the juvenile court and the agencies that work with it.[6]

If the court assumes jurisdiction, a dispositional hearing is held at which the child welfare agency makes recommendations for services and living arrangements.[7] One dispositional alternative is to leave the child at home but place the family under the supervision of the court. The court then delegates responsibility for supervision, often to the child welfare agency. Alternatively, the court may transfer legal custody of the child to the child welfare agency. This gives the agency the "right to care, custody, and control of the child."[8] If the child's home situation does not improve, the agency may remove the child to another home. A third alternative is for the court to terminate the parents' rights and transfer guardianship to the agency.[9]

Areas of Control over the Child and Who Has Them

If the dispositional decision is to place the child in a substitute care setting, it is always the case that legal custody (or, far less commonly, guardianship) is transferred by the court to the child welfare agency. It is then up to the agency to secure a suitable foster home for the child while meeting the requirement set forth in P.L. 96-272 that children be placed "in the least restrictive (most family-like) setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child."[10] When the child is placed in a foster home, the child welfare agency transfers physical custody of the child to the foster parents, but legal custody or guardianship remains with the agency.

If the agency has been granted legal custody, then the parents retain guardianship. Under this arrangement, the agency has the right and duty of providing for the child's daily needs, including ordinary medical care. The agency can determine where and with whom the child shall live, and it can move the child from one substitute care setting to another. The parents continue legally to "own" the child, however, and only they can consent to major medical treatment, to the child's marriage, or to the child's enlistment in the armed forces.

The role of traditional foster parents in this scenario is to provide a substitute family life experience for the child. As Alfred Kadushin and Judith Martin[11] comment, foster parents want to provide a child with a home, and yet in getting a child, they find that they get an agency as well. After being screened and licensed (and relicensed yearly), foster parents sign a contract with the child welfare agency in which they agree to return any foster child in their care to the agency upon demand. Foster parents must agree to refrain from using corporal punishment or risk losing their license.[12] They are also obligated to discuss behavioral problems with the agency and to get the caseworker's approval before pursuing remedial services of any sort for the child. In many child welfare systems, foster parents must obtain agency permission to change sleeping arrangements or to take the child out of state. The latter proviso might not seem to be particularly restrictive, until one considers what it could do to spur-of-the-

moment plans to have a family weekend away.[13] In short, foster parents have day-to-day control of and responsibility for the child, but they are very much in a shared arrangement with the child welfare agency.

Parents' Rights

Court decisions involving foster children have reflected the concept of "parens patriae," under which the state, as a "parent" to all children, is obligated to protect them, but those decisions have also reflected the principle that parenting is a fundamental right. For example, a child may not be removed from the home of his or her biological parents without due process of law. If legal custody is transferred from parents to a child welfare agency, the parents must be given the opportunity to participate in planning conferences for their children, and opportunities for visiting their child must be provided.[14]

In contrast, the relationship between foster parents and foster child has a very limited degree of legal protection. The child may be removed from a foster home at any time on the basis of an agency decision alone.[15] Court rulings have indicated that foster parents do not have a right to a preremoval hearing, although a number of states require that foster parents be notified and be granted the right to be heard before a foster child is removed. In some states, foster parents are allowed to initiate proceedings to terminate the biological parents' rights, and most states allow foster parents to initiate adoption proceedings for children already freed. Many states give preference to foster parents as adoptive parents.[16]

As just noted, foster parents' efforts to claim the due process protections of the Fourteenth Amendment before removal of a child have generally not been successful. An exception is a case in which a federal district court ruled that a relative's due process rights had been violated when the children she was fostering were removed from her care without a hearing. When the contested plan was for an agency to move a child from a foster home to an adoptive home (as opposed to moving the child to another foster home or returning the child to his or her home of origin), court rulings have granted the foster parents the right to a preremoval hearing.[17]

A Glossary of Custody Terms

Protective Custody:

> Protective custody is temporary and is assumed on an emergency basis when there is reason to believe that a child will be endangered by being removed from or returned to his or her home. In 47 states and the District of Columbia, social service, law enforcement, and hospital personnel may take a child into protective custody. In some states, a child may be kept in protective custody for no more than twenty-four to forty-eight hours before a petition must be filed with the juvenile court.[18]

Protective Supervision:

In a child maltreatment hearing, if it has been decided that there is sufficient evidence of abuse or neglect to warrant action by the court, the judge may leave the child in his or her home but place the family under the supervision of the court. The parents retain both custody and guardianship, but supervision, which is usually delegated to the child welfare agency that petitioned the court, is legally imposed on them.[19]

Physical Custody:

A person with physical custody of a child has the child in his or her care and is responsible for meeting the child's basic day-to-day needs. The person or people with physical custody do not necessarily have legal custody of the child; this is the position of foster parents, for example.

Legal Custody:

Legal custody gives a person the legal right and duty to provide for the child's day-to-day needs. The person with legal custody is to be sure that the child is fed, clothed, and sheltered as well as disciplined and educated. The one with legal custody is responsible for seeing that the child gets routine medical care. Legal custody also allows the person holding it to decide where and with whom the child shall live.[20]

Guardianship

One who has guardianship has complete legal control of the child. Not only does a guardian have all the privileges of legal custody, but a guardian has legal authority to consent to the child's marriage, enlistment in the armed services, and to major medical treatment for the child.[21]

Appendix C
Concepts, Terms, and Policies Related to Foster Care: Funding Sources for Foster Care

The federal government offers several forms of assistance to children and their parents who are in the foster care system or who are at risk of entering the foster care system. Federal assistance is grounded in the philosophy that the best home for a child is with his or her family of origin. Therefore, in providing services to families, the emphasis is on prevention and rehabilitation. When out-of-home care is unavoidable, the duration of foster care should be limited by reunifying the family or by finding permanent living arrangements for the child if reunification cannot be effected.[1]

The federal program authorized under Title IV-B of the Social Security Act funds child welfare services. The federal program authorized under Title IV-E of the Social Security Act supports the foster care, independent living (for youth who will be emancipated from the foster care system), and adoption assistance programs. It is intended that the two programs operate in concert. The goal is to prevent the need to place children in substitute care, and, when placement is unavoidable, to provide protections and services that will promote the well-being of the child. Funds also come from the social services block grant program (Title XX of the Social Security Act), which is another major federal source of funds for child welfare services.[2] In addition, the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) added a new subpart to Title IV-B to provide grants to the states for family support and preservation services. Following are brief explanations of the various forms of funding that have some bearing on a discussion of children in foster care.

Foster Care Maintenance Payments

Foster care maintenance payments, which are intended to reimburse foster parents for the routine expenses incurred in caring for a child, are funded and administered by the states. Each state is allowed to set its rates at any level, and rates of payment vary considerably. For example, in 1992, the highest rates of payment for a 2-year-old foster child were $588.00 in Alaska and $554.00 in Texas. The lowest rates of payment for a 2-year-old were $161.00 in West Virginia and $175.00 in Mississippi.[3] In some cases, foster care maintenance payments are subsidized by the federal government (see the section on Title IV-E below); in other cases, they are solely state-provided.

The Title IV-E AFDC Foster Care Program

Title IV-E is a permanently authorized entitlement program. The program

provides open-ended matching funds to the states for foster care maintenance payments and related administrative expenses. Title IV-E provides funds for AFDC-eligible children who are in foster care family homes, private non-profit child care facilities, or public child care institutions housing up to 25 people. The federal matching rate for a given state is the same as the state's Medicaid matching rate. (The Medicaid matching formula, which is adjusted annually, yields a rate that is inversely related to a state's per capita income and that averages about 57 percent nationally.)[4]

A child in foster care is eligible for Title IV-E funds 1) if the child is receiving AFDC or would have been eligible for AFDC before being removed from his or her home; 2) if the child was removed from his or her home and placed in foster care on the basis of a voluntary placement agreement or a judicial determination that remaining in the home would be deleterious to the child, and if reasonable efforts were made to preserve or reunify the family; and 3) if the child's care and placement are the responsibility of specified public agencies. Title IV-E maintenance payments are intended to be used for food, shelter, clothing, daily supervision, school supplies, general incidentals, liability insurance for the child, and reasonable travel to and from the home of origin for visits.[5] In 1993, state claims under Title IV-E totalled $2,547 million, $1,365 million of which was for maintenance payments and $1,182 million of which was for training and administration.[6]

Eligibility of Relatives for Title IV-E Funds

Embedded in the criteria for eligibility for Title IV-E funds is an assumption that children who are in foster care family homes are living in licensed foster care family homes. A court case in 1979, Miller v. Youakim (440 US 125 (1979)), established the eligibility for Title IV-E funds of licensed foster parents who are also relatives of the child they are fostering. The plaintiffs in Miller v. Youakim, claiming that they were being denied equal protection under the law, challenged an Illinois statute that denied foster care maintenance payments to children living with foster parents who were related to them. The district court ruling stated that no equal protection violation had occurred, since the Illinois statute was subject to the rational basis test and was rationally related to the overall purpose of Illinois' child welfare legislation.

While this decision was being appealed, the United States Department of Health, Education, and Welfare issued an interpretation of the federal AFDC Foster Care Program statutes in which HEW stated that children in the care of foster parents who were also relatives were meant to be treated no differently from children whose foster parents were unrelated. In light of that administrative interpretation, the United States Supreme Court remanded the case to the district court to consider whether the Illinois statute was inconsistent with the Social Security Act. When the case eventually returned to the Supreme Court, the court found the Illinois statute to be inconsistent with the federal standards for AFDC Foster Care Program eligibility set forth in the Social Security Act and the HEW regulations interpreting that act.

Because of the resolution of the case on this statutory basis, the Supreme Court did not address the equal protection issue.[7]

The effect of Miller v. Youakim on kinship foster parents was to establish the eligibility of licensed foster parents for federally-subsidized foster care maintenance payments regardless of whether they are related or unrelated to the child in their care. The ruling does not, however, affect kinship foster care providers who are not licensed. The ruling also has no effect on foster care maintenance payments or programs that are solely state-provided. The eligibility of relatives for state-provided funds and programs is, as described previously, a matter that varies from state to state.

Ineligibility of "Nonremoval" Cases for Title IV-E Funds

The federal government, in 1987, attempting to differentiate between formal and informal foster care, clarified the definition of out-of-home foster care cases eligible for Title IV-E reimbursement. An implicit criterion for Title IV-E eligibility is that the child has been removed from his or her home and placed in a substitute care setting. The 1987 interpretation stated that if parents leave a child in the care of relatives for an indefinite period of time, the child's home becomes established with the relatives. If the court then transfers legal custody to a child welfare agency which, in turn, designates the relatives as foster parents, only the child's legal relationship to his or her biological parents has changed. The child has not been physically removed from his or her home because the child's home was already established with the fostering relatives.[8]

Put simply, "removal from the home" means physical removal from the home of origin, not the removal of legal custody from the biological parents. If a petition asking the court to assume jurisdiction over the child is filed after the child has begun living with a relative, the relative is not eligible to receive Title IV-E funds, even if all other eligibility criteria--including licensure as a foster parent--are met.

Title IV-A Aid to Families with Dependent Children

Aid to Families with Dependent Children has its origins in the Social Security Act of 1935, which created a program that was initially intended to aid fatherless children. As presently configured, AFDC provides financial support to children who are in need because a parent is absent from the home, incapacitated, deceased or unemployed. The program is also intended to provide support to "certain others in the household of such child."[9] Federal Title IV-A expenditures in 1992 totalled $13.57 billion, $12.2 billion of which was for benefit payments and the remainder of which was for administrative costs.

In 1984, the federal government established a standard definition of the "AFDC assistance unit" as consisting of the needy child, his or her parents, and any dependent brothers or sisters. Federal AFDC law requires that eligibility and benefits be based on

the income and circumstances of the entire unit.[10]

The AFDC unit is configured differently, however, for a child in kinship foster care. If a child is living away from his or her home of origin, then the child and the adult or adults who are caring for the child constitute the AFDC assistance unit.[11]

Further, not only does AFDC law state that payments may be made to meet the needs of the "relative caretaker" with whom the dependent child lives, but the statute specifies which relationships make one a "relative caretaker," with the designation including most categories of kin (i.e., parent, grandparent, sibling, step-parent, step-sibling, aunt, uncle, first cousin, nephew or niece).[12] This means that in a kinship foster care home, both the child and the fostering relative may be eligible for AFDC.

If the kinship foster parent does not qualify for AFDC, the relative may still apply for AFDC benefits for the child. In that case, the income and circumstances of the child's biological parents are used in the determination of the child's eligibility. If the circumstances of the child's home of origin are such that the child qualifies for AFDC payments, the home of the relative then becomes an AFDC child-only unit. (A child's being fostered by a relative is therefore one reason why an AFDC unit may be defined as a child-only unit, in which only the child is receiving benefits. Other reasons that an AFDC unit may be child-only include a parent's being sanctioned for failure to follow the rules or a parent's being an alien while the child, by virtue of having been born in this country, is a citizen.)[13]

In sum, a child in kinship foster care may be in one of three positions in relation to AFDC. It may be the case that the entire household is eligible for AFDC, it may be that the child is receiving benefits as part of a child-only unit, or it may be that neither the relative nor the child is eligible for AFDC.

Differences between Title IV-A AFDC and Title IV-E

Title IV-A AFDC and Title IV-E provide two sources of federal funds that help support foster children who are in the care of relatives. Because some of the current and anticipated problems stemming from kinship foster care are related to differences between Title IV-E and AFDC, a consideration of those differences is in order.

One difference stems from the manner in which payments are calculated:

- Foster care maintenance payments are calculated on an absolute, per-child basis. That is, although the monthly rate may be somewhat higher for older children than for younger children, the same amount of monthly support per child would be provided for each child in a sibling group as would be provided for a child with no siblings.

- AFDC benefits are calculated on an incremental basis, according to the number of children in the family. Based on the principle of economies of scale, the assumption is made that as family size increases, less money will be required to support each additional child. Consequently, the monthly AFDC payment for all children in a sibling group would be substantially less than the monthly foster care maintenance

payment provided for the same number of children.

Another difference is in the form of a disparity between AFDC rates and foster care maintenance rates, with AFDC rates not equalling those of foster care maintenance rates, even for one child. For example, in the state of Illinois, a relative fostering one child and receiving AFDC would receive 86%, on average, of the foster care maintenance rate ($270.00 versus $314.00). As the number of children being fostered increases, the disparity grows: If the same relative were fostering three children, he or she would receive 44% of the foster care maintenance amount ($414.00 versus $942.00).[14]

Numbers of Children in Kinship Foster Care Who Are Funded by Title IV-E and AFDC

Karen Spar of the Congressional Research Service reports that in 1991, approximately 47 percent of all children in foster care were eligible for federal subsidies under Title IV-E.[15] It is not known, however, what percentage of children specifically in kinship care are eligible for Title IV-E funds. That figure is undoubtedly not knowable, given the difficulty of even estimating the total number of children who are in kinship foster care (see Section I of this paper).

In a like manner, the portion of children in kinship foster care who are receiving AFDC is not known. Approximately 13 percent of all AFDC units are child-only units,[16] but as noted above, an AFDC unit may be child-only for any one of several reasons other than a child's being in foster care.

Title IV-B Child Welfare Services Program

Title IV-B is a permanently authorized program that provides federal matching grants to states for services that protect the welfare of children. The federal matching rate is 75 percent, with the total capped at the state allotment. The purpose of Title IV-B is to provide services that 1) focus on problems that may lead to child neglect, abuse, exploitation, or delinquency; 2) prevent the unnecessary separation of children from their families or, if separation is unavoidable, restore children to their families, if possible; 3) place children in adoptive homes if it is not possible to return them to their homes of origin; and 4) ensure adequate foster care when adoption or reunification with the family of origin is not possible.[17]

Under Title IV-B, the states are given broad discretion in developing and providing child welfare services, which may include such services as family support, parent education, respite care, and in-home assistance.[18] Eligibility is not limited by income level or the child's custodial status; therefore, extended family members are eligible for services funded by Title IV-B.[19] Although Title IV-B funds may, within limits, be used for foster care maintenance payments, the program is structured in such

a way that states are encouraged to use their Title IV-B funds for programs that attempt to keep families together and to prevent the placement of children in substitute care. In 1993, Title IV-B allocations totalled $294.6 million.[20]

Title XX Social Services Block Grant Program

Title XX provides funds in the form of a block grant for social services and training of social services staff. Funds are allocated according to a population-based formula. The program is intended to give states a maximal degree of flexibility in designing and delivering social services. The program provides funds for five broad, federally defined goals: promoting self-sufficiency and economic self-support; preventing or remedying neglect, abuse, or exploitation of children or dependent adults as well as preserving or reunifying families; preventing or reducing inappropriate institutional care; and providing institutional care for and services to people for whom institutional care is most appropriate.[21]

The states use approximately one half of their Title XX funds for child welfare services.[22] Voluntary Cooperative Information System data, showing how Title XX funds were used in fiscal 1989, are available from thirty-seven states. Among services for children, states used an average of 15 percent for protective services and 5 percent for substitute care and placement services. Not all states use some portion of their Title XX allotment on foster care for children; in fiscal 1992, 31 states reported doing so. The entitlement ceiling for Title XX in 1992 was $2,800 million, a figure that was $4 million dollars higher than the entitlement ceiling in 1977. When amounts are adjusted for inflation, Title XX funding has declined in real dollars since 1977 by 57 percent.[23]

Funding Structures of Titles IV-A, IV-E, IV-B, and XX: Ramifications for Kinship Foster Parents

Titles IV-A and IV-E, which provide federally reimbursable financial support for kinship foster caregivers, are open entitlements, unlike Titles IV-B and XX, which provide federally reimbursable support in the form of services. This means that it may be easier for states to provide financial assistance to kinship foster parents than it is for the states to provide such services as parent education or respite care.

As was seen in Section VI, kinship caregivers may be less likely than traditional foster parents to receive social services, even when they are eligible. That may be because, as Marianne Takas[24] points out, despite the great deal of flexibility in providing services that is afforded the states by Titles IV-B and XX, both are required to meet a broad range of service needs. Funds are limited, and a need for services in one area must be balanced against need in other areas. Neither Title IV-B nor Title XX contains special provisions relating to kinship care. As Takas notes, the programs "have not emerged as a major resource for serving families in kinship care cases."[25]

Notes

Section I
Overview of Kinship Foster Care

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15. A good overview of the supportive services that kinship care providers say they need and of the disparity between the services that they and traditional foster parents receive is in: The Child Welfare League of America, Kinship Care: A Natural Bridge (Washington, DC: The Child Welfare League of America, 1994), pp. 49-50.

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23. The source of the 1981 figure is: Irving Piliavin and Mark E. Courtney, "Potential Fiscal Implications of the Lack of Attention to Foster Care in the National Debate over Welfare Reform" (Unpublished paper, Institute for Research on Poverty, University of Wisconsin-Madison, 1994). The source of the 1993 figure is: Committee on Ways and Means, United States House of Representatives, 1994 Green Book (Washington, DC: U.S. Government Printing Office, 1994).

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25. Testa, op. cit.

26. Ibid.

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9. McDonald et al., op. cit.

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12. For example: Myra Marx Ferree, "Beyond Separate Spheres: Feminism and Family Research," Journal of Marriage and the Family 52 (1990), pp. 866-884.

13. Linda M. Burton, "Black Grandparents Rearing Children of Drug-Addicted Parents: Stressors, Outcomes, and Social Service Needs," The Gerontologist 32 (1992), pp. 744-751.

14. Miller, op. cit., p. 268.

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Section V
Ramifications of Kinship Foster Care for Relatives of the Child

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34. This philosophical stance is reflected in, for example, Heather B. Weiss, "State Family Support and Education Programs: Lessons from the Pioneers," American Journal of Orthopsychiatry 59 (1989), pp. 32-48.

35. The Child Welfare League of America, Kinship Care: A Natural Bridge (Washington, DC: The Child Welfare League of America, 1994), pp. 52-54.

Section VI
What View of Kinship Foster Parents Do Current Policies Reflect?

1. Nicole S. LeProhn, "The Role of the Kinship Foster Parent: A Comparison of the Role Conceptions of Relative and Non-Relative Foster Parents," Children and Youth Services Review 16 (1994), pp. 65-84.

2. Office of the Inspector General, Department of Health and Human Services, Using Relatives for Foster Care (Springfield, VA: NTIS, Report No. PB92 218627, 1992).

3. Office of the Inspector General, Department of Health and Human Services, State Practices in Using Relatives for Foster Care (Springfield, VA: NTIS, Report No. PB92-218585, 1992).

4. Ibid.

5. Ibid.

6. Jill Duerr Berrick, Richard P. Barth, and Barbara Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review 16 (1994), pp. 33-63; Alfreda P. Inglehart, "Kinship Foster Care: Placement, Service, and Outcome Issues," Children and Youth Services Review 16 (1994), pp. 107-122.

7. Office of the Inspector General, Department of Health and Human Services, State Practices in Using Relatives for Foster Care, op. cit.

8. Ibid.

9. James P. Gleeson and Lynn C. Craig, "Kinship Care in Child Welfare: An Analysis of States' Policies," Children and Youth Services Review 16 (1994), pp. 7-31.

10. Berrick et al., op. cit.

11. The California case was: King v. McMahon (186 Cal. App. 3d 648; 230 Cal. Rptr. 911). The Oregon case was: Lipscomb v. Simmons (962 F. 2d 1374).

12. For example: Gleeson and Craig, op. cit.

13. For example: Child Welfare League of America, Kinship Care: A Natural Bridge (Washington, DC: Child Welfare League of America, 1994), p. 17.

14. The source of this information is the text of Lipscomb v. Simmons (962 F. 2d 1374).

15. The source of this information is the text of King v. McMahon (186 Cal. App. 3d 648; 230 Cal. Rptr. 911).

Section VII
Recommendations

1. The California case was: King v. McMahon (186 Cal. App. 3d 648; 230 Cal. Rptr. 911). The Oregon case was: Lipscomb v. Simmons (962 F. 2d 1374).

2. Marianne Takas, Kinship Care and Family Preservation: Options for States in Legal and Policy Development (Washington, DC: The American Bar Association, September, 1994). This monograph, which can be ordered from the ABA, is highly recommended reading.

3. Mark F. Testa, Home of Relative (HMR) Program in Illinois: Interim Report (Chicago, IL: School of Social Service Administration, The University of Chicago, 1993).

4. Marianne Takas, "Kinship Care: Developing a Safe and Effective Framework for Protective Placement of Children with Relatives," Zero to Three (December, 1992/January, 1993), pp. 12-17. Takas offers interesting ideas in regard to possible federal remedies for the problems of kinship foster care.

5. Linda M. Burton, "Black Grandparents Rearing Children of Drug-Addicted Parents: Stressors, Outcomes, and Social Service Needs," The Gerontologist 32 (1992), pp. 744-751.

6. Verbal communication with Michelle Martin, Children and Youth Services, Centre County, Pennsylvania.

7. Irving Piliavin and Mark E. Courtney, "Potential Fiscal Implications of the Lack of Attention to Foster Care in the National Debate over Welfare Reform" (Unpublished paper, Institute for Research on Poverty, University of Wisconsin-Madison, 1994).

8. Takas, op. cit.

9. Joseph Goldstein, Anna Freud, and Albert J. Solnit, Beyond the Best Interests of the Child (New York: Free Press, 1973).

10. Theodore J. Stein, Child Welfare and the Law (New York: Longman Publishing Group, 1991).

11. Office of the Inspector General, Department of Health and Human Services, Using Relatives for Foster Care (Springfield, VA: NTIS, Report No. PB92 218627, 1992).

12. Office of the Inspector General, Department of Health and Human Services, State Practices in Using Relatives for Foster Care (Springfield, VA: NTIS, Report No. PB92-218585, 1992).

13. For a similar thought, see: Karen Spar, "Kinship" Foster Care: An Emerging Federal Issue (Washington, DC: Congressional Research Service, Report No. 93-856 EPW, 1993), p. 36.

14. Douglas J. Besharov, "Gaining Control Over Child Abuse Reports," Public Welfare 48 (No. 2, 1990), p. 34.

15. Ibid.

16. Sheila B. Kamerman and Alfred J. Kahn, "The Problems Facing Social Services for Children, Youth and Families," Children and Youth Services Review 12 (1990), pp. 7-20.

17. The sources of the information in this paragraph are: Burton, op. cit.; Minkler et al., op. cit.; Turpin, op. cit.; Verbal communication with Jill Feagin, Public Assistance Office, Dauphin County, Pennsylvania; Verbal communication with Teresa Smith, M.S.W., Polyclinic Medical Center, Harrisburg, Pennsylvania. For a fuller account of the points made in this paragraph, see Section V.

18. Takas, op. cit.

19. Fred H. Wulczyn and Robert M. Goerge, "Foster Care in New York and Illinois: The Challenge of Rapid Change," Social Service Review 66 (1992), pp. 278-294.

20. Carlos Vidal, "Godparenting Among Hispanic Americans," Child Welfare 67 (1988), pp. 453-459.

21. Peggye Dilworth-Anderson, "Extended Kin Networks in Black Families," Generations 17 (No. 3, 1992), pp. 29-32.

22. The Child Welfare League of America, Kinship Care: A Natural Bridge (Washington, DC: The Child Welfare League of America, 1994).

23. For example, in Richard P. Barth and Marianne Berry, "Outcomes of Child Welfare Services Under Permanency Planning," Social Service Review 61 (1987), pp. 71-90, see pages 71 and 72.

24. Goldstein et al., op. cit.

25. Jesse L. Thornton, "Permanency Planning for Children in Kinship Foster Homes," Child Welfare 70 (1991), pp. 593-601.

26. Takas, op. cit.

27. Testa, op. cit.

28. Office of the Inspector General, Department of Health and Human Services, Using Relatives for Foster Care, op. cit.

29. Ibid.

30. Thornton, op. cit.

31. Testa, op. cit.

32. Ibid.

Appendix A
Concepts, Terms, and Policies Related to Foster Care: Licensure, Monitoring, and Supportive Services

1. Child Welfare League of America, Child Welfare League of America Standards for Foster Family Service, revised ed. (New York: Child Welfare League of America, 1975).

2. Verbal communication with Susan Rousseau O'Connell.

3. Child Welfare League of America, op. cit.

4. Ibid.

5. Alfred Kadushin and Judith A. Martin, Child Welfare Services, 4th ed. (New York: Macmillan Publishing Company, 1988).

6. Ibid.

7. Office of the Inspector General, Department of Health and Human Services, State Practices in Using Relatives for Foster Care (Springfield, VA: NTIS, Report No. PB92-218585, 1992).

8. Child Welfare League of America, op. cit.

9. Office of the Inspector General, Department of Health and Human Services, State Practices in Using Relatives for Foster Care, op. cit.

10. Verbal communication with Carol Smith, Children and Youth Services, Centre County, Pennsylvania.

11. Ibid.

12. Kadushin and Martin, op. cit.

Appendix B
Concepts, Terms, and Policies Related to Foster Care: Who Has Control of the Child, and What Are Their Rights?

1. Howard Dubowitz, Susan Feigelman, Donna Harrington, Raymond Starr, Susan Zuravin, and Richard Sawyer, "Children in Kinship Care: How Do They Fare?," Children and Youth Services Review 16 (1994), pp. 85-106.

2. Theodore J. Stein, Child Welfare and the Law (New York: Longman Publishing Group, 1991).

3. Ibid.

4. Ibid. In most states, it is the juvenile court (sometimes termed "family court") that has jurisdiction over children who are dependent, neglected, or abused. Juvenile courts are governed by civil law and civil procedures and are not concerned with criminal matters.

5. Ibid.

6. Mark Hardin, ed., Foster Children in the Courts (Boston: Butterworth Legal Publishers, 1983).

7. Stein, op. cit.

8. Alfred Kadushin and Judith A. Martin, Child Welfare Services, 4th ed. (New York: Macmillan Publishing Company, 1988),, p. 281.

9. Ibid.

10. United States Statutes at Large, Vol. 94, Part 1 (Washington, DC: United States Government Printing Office, 1981), p. 511.

11. Kadushin and Martin, op. cit.

12. Ibid.

13. Comments about the hindrance to "normal" family life created by rules restricting travel with a foster child are found in Trudy Festinger's book No One Ever Asked Us...A Postscript to Foster Care (New York: Columbia University Press, 1983) as well as Jesse Lemuel Thornton's doctoral dissertation, An Investigation into the Nature of the Kinship Foster Home (Yeshiva University, 1987).

14. Stein, op. cit.

15. Kadushin and Martin, op. cit.

16. Stein, op. cit.

17. Ibid.

18. Ibid.

19. Kadushin and Martin, op. cit.

20. Ibid.

21. Hardin, op. cit.

Appendix C
Concepts, Terms, and Policies Related to Foster Care: Funding Sources for Foster Care

1. Committee on Ways and Means, United States House of Representatives, 1993 Green Book (Washington, DC: U.S. Government Printing Office, 1993).

2. Theodore J. Stein, Child Welfare and the Law (New York: Longman Publishing Group, 1991).

3. Committee on Ways and Means, 1993 Green Book, op. cit., pp. 896-897.

4. Ibid., p. 891 and p. 1640.

5. Ibid., p. 892.

6. Committee on Ways and Means, United States House of Representatives, 1994 Green Book (Washington, DC: U.S. Government Printing Office, 1994).

7. The source of this information is the text of King v. McMahon (186 Cal. App. 3d 648; 230 Cal. Rptr. 911).

8. Karen Spar, "Kinship" Foster Care: An Emerging Federal Issue (Washington, DC: Congressional Research Service, Report No. 93-856 EPW, 1993); Mark F. Testa, Home of Relative (HMR) Program in Illinois: Interim Report (Chicago, IL: School of Social Service Administration, The University of Chicago, 1993).

9. Committee on Ways and Means, 1993 Green Book, op. cit., p. 615.

10. Ibid., p. 618.

11. Verbal communication with Helen Hamilton, United States Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families.

12. Spar, op. cit.

13. Reuben Snipper, "Child Only Units," (Unpublished paper, United States Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Planning and Evaluation, 1993).

14. Testa, op. cit.

15. Spar, op. cit.

16. Committee on Ways and Means, 1993 Green Book, op. cit., p. 704.

17. Ibid., p. 889.

18. Child Welfare League of America, Kinship Care: A Natural Bridge (Washington, DC: Child Welfare League of America, 1994), p. 17.

19. Marianne Takas, "Kinship Care: Developing a Safe and Effective Framework for Protective Placement of Children with Relatives," Zero to Three (December, 1992/January, 1993), pp. 12-17.

20. Committee on Ways and Means, United States House of Representatives, 1994 Green Book, op. cit.

21. Committee on Ways and Means, United States House of Representatives, 1993 Green Book, op. cit.

22. Stein, op. cit.

23. Committee on Ways and Means, United States House of Representatives, 1993 Green Book, op. cit., p. 870.

24. Takas, op. cit.

25. Ibid., p. 13.